

Form Approved

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CEIRS Human Influenza Surveillance Study
Form 1A: Screening and Enrollment Log Active Surveillance

To be maintained by Study Centers and made available upon request.

The following table will be distributed in a Microsoft Excel format for use at individual medical centers; It is housed in a secure folder.

Row 1 represents column headings

Row 2: represents options available on a drop-down menu.

Date	Shift	Age	Sex	Ethnicity	Race/ Ethnicity	Eligible Symptomatic Surveillance	Eligible Asymptomatic Surveillance	Eligible Influenza Positive
<i>Mm/dd/yyyy</i>	<i>Morning Evening</i>		<i>Male Female</i>	<i>Hispanic or Latino Non-Hispanic or Non-Latino</i>	<i>American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other</i>	<i>Yes No</i>	<i>Yes No</i>	<i>Yes No</i>

Enrolled?	Reason if not Enrolled	Reason if subject declined enrollment	If enrolled, Completed?
<i>Yes No</i>	<i>Declined Left ED prior to enrollment Does not meet inclusion criteria Doesn't speak/read English Unable to consent No contact information Currently incarcerated Previously Enrolled Other</i>	<i>Did not like the idea of participating in a study. Felt too sick to be in the study Lack of Adequate Compensation. Did not want to receive a nasal swab. Did not want to return for Follow-Up Other</i>	<i>Yes No</i>