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Study ID: \_\_\_\_\_

**CEIRS Human Influenza Surveillance Study  
Form 3A: Subject Identification and Contact  
Information**

**KEEP SEPARATE FROM REMAINDER OF FORMS  
DO NOT ENTER INTO REDCap DATABASE**

**Subject Identification:**

Medical Record Number: \_\_\_\_\_

Name:

\_\_\_\_\_  
(First Name)                      (Middle Name)                      (Last Name)

Date of birth: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)

**Contact Information:**

Contact Telephone\*\*: (\_\_\_\_) \_\_\_\_\_ (Home/ Work/Cell)

Alternate Telephone 1: (\_\_\_\_) \_\_\_\_\_ (Home/ Work/Cell)

Alternate Telephone 2 (\_\_\_\_) \_\_\_\_\_ (Home/ Work/Cell)

Alternate Telephone 3: (\_\_\_\_) \_\_\_\_\_ (Home/ Work/Cell)

**\*\*Please Note:** At least one telephone number is required, with at least two contact numbers strongly suggested.

Subject has provided permission to leave messages:                       No                       Yes

Permission to leave message with someone else:                       No                       Yes

**Follow-Up Appointment:**

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)

Time: \_\_ \_\_ : \_\_ \_\_ (24-hour clock)