Northwest Territories Health and Social Services

Office of the Chief Medical Health Officer

Influenza A (H1N1) Antiviral Use Surveillance Form

Please complete ALL sections for all patients prescribed antiviral treatment (Tamiflu or Relenza)

Fax completed forms once a week to the Office of the Chief Medical Health Officer

Reporting Clinic:	Person Reporting:	Community:	Report Date: Y/M/D

Patient's Name Last Name First Name	Date of Birth Y/M/D	Sex	HCP #	Date Given Y/M/D	Tamiflu (T) Or Relenza (R)	Capsule (C) Suspension (S) Disc (D)	Dosage	Indication for Antiviral use*	Swab (Yes/No)	Hospitalized (Yes/No)

Fax to: Office of the Chief Medical Health Officer: (867) 873-0442
Health and Social Services

* Indication for antiviral use includes but not limited to:
Pregnancy, Chronic Conditions, Severe Obesity

September 11, 2009