Doctor's Name:

Clinic ID: ______________

Clinic Stamp:

Date submitted: ______________

Data date: ______________

Total attendance seen: ______________

Fill in data for all acute respiratory infections (ARI) seen on above date.
Fax form to 62581527 or email this file to jimmy_ong@ttsh.com.sg.
Turn on CAPS LOCKS if entering data.

S/No	Sex (M / F)	Year of birth	Ethnicty (C / M / I / O)	S'porean or PR vs others (S / O)	Temperature (degrees C)	Oseltamivir or Zanamivir prescribed (Y / N)