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| Report Start Date: |  |

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| --- | --- |
| Reporting End Date: |  |

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| --- | --- |
| Provider Name: |  |

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| Measure Description: | Example: Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period. |

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| Explanation for exclusion: | Example: The EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by CEHRT at the start of their EHR reporting period; |

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| Associated Documentation: | YES  NO |

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| Clinic Representative | Date |