

INSTRUCTIONS

- Submit this form to ACDC a) Immediately when address changes; closed to follow-up; contact diagnosed.
 b) CASE- Semi-annually 6/15 & 12/15 } Update changes in diagnosis, medication, biopsy, etc. since last report (H-1442).
 c) CONTACTS- Annually 12/15
- Out appropriate section when case or contact(s) not in district.
- Use reverse side for additional information.

| | | | | | | | |
|---|--|------|--|--|--|------|--|
| CASE | | | | SOURCE OF MEDICAL SUPERVISION AND RECORD NUMBER | | | |
| DIAGNOSIS | | DATE | | MEDICATION | | DATE | |
| <input type="checkbox"/> T.T. - TUBERCULOID <input type="checkbox"/> B.T. - BORDERLINE TUBERCULOID <input type="checkbox"/> B.B. - BORDERLINE <input type="checkbox"/> B.L. - BORDERLINE LEPROMATOUS <input type="checkbox"/> L.L. - LEPROMATOUS LEPROSY <input type="checkbox"/> IND. - INDETERMINATE <input type="checkbox"/> ARL. - ARRESTED LEPROMATOUS <hr/> <input type="checkbox"/> INFECTIOUS <input type="checkbox"/> NONINFECTIOUS <input type="checkbox"/> UNKNOWN | | | | <input type="checkbox"/> DAPSONE <input type="checkbox"/> RIFAMPICIN <input type="checkbox"/> DAPSONE/THALIDOMIDE <input type="checkbox"/> OTHER (SPECIFY): _____ <input type="checkbox"/> NONE | | | |
| BIOPSY RESULTS | | | | HOSPITALIZATION | | | |
| DATE | | | | INCLUSIVE DATES | | | |
| SITE | | | | FACILITY | | | |
| BI MI AFB, FITE, ETC. | | | | REASON | | | |
| TO | | | | REASON | | | |
| | | | | CLOSED TO SUPERVISION DATE <input type="checkbox"/> 1 CLOSED TO MEDICAL SUPERVISION <input type="checkbox"/> 2 TRANSFERRED TO ANOTHER L.A. CO. HLTH. JURISDICTION (SPECIFY): _____ <input type="checkbox"/> 3 MOVED OUT OF L.A. CO. JURISDICTION (SPECIFY): _____ <input type="checkbox"/> 4 LOST TO FOLLOW-UP <input type="checkbox"/> 5 DIED | | | |

| CONTACTS | | | (COMPLETE SOURCE CASE NAME AND RECORD NUMBER BELOW) | | RELATIONSHIP TO SOURCE CASE AND EXPOSURE DATES | | | |
|-----------------------------|------------|-------------|---|---------|--|--------------------------------|-------------------------------------|----------|
| NAME AND POSITION IN FAMILY | BIRTH DATE | EXAMINATION | | BIOPSY | PROPHYLAXIS DATE (MO. - YR.) | MEDICAL SUPERVISION RECORD NO. | CLOSED TO SUPERVISION CODE AS ABOVE | |
| | | DATE | RESULTS | | | | DATE | DATE |
| | | 1ST | | DATE | START | RECORD NO. | <input type="checkbox"/> | DATE |
| | | LAST | | RESULTS | DC'D | DATE NEXT EXAM | | SPECIFY: |
| | | 1ST | | DATE | START | RECORD NO. | <input type="checkbox"/> | DATE |
| | | LAST | | RESULTS | DC'D | DATE NEXT EXAM | | SPECIFY: |
| | | 1ST | | DATE | START | RECORD NO. | <input type="checkbox"/> | DATE |
| | | LAST | | RESULTS | DC'D | DATE NEXT EXAM | | SPECIFY: |
| | | 1ST | | DATE | START | RECORD NO. | <input type="checkbox"/> | DATE |
| | | LAST | | RESULTS | DC'D | DATE NEXT EXAM | | SPECIFY: |
| | | 1ST | | DATE | START | RECORD NO. | <input type="checkbox"/> | DATE |
| | | LAST | | RESULTS | DC'D | DATE NEXT EXAM | | SPECIFY: |
| | | 1ST | | DATE | START | RECORD NO. | <input type="checkbox"/> | DATE |
| | | LAST | | RESULTS | DC'D | DATE NEXT EXAM | | SPECIFY: |

| | | | |
|--|--|-------------------------------------|-------------------|
| ADDRESS CHANGE <input type="checkbox"/> CASE <input type="checkbox"/> CONTACTS | | REPORT DATE | NURSE'S SIGNATURE |
| NO. AND STREET | | R.N. | |
| CITY | | DISTRICT HEALTH OFFICER'S SIGNATURE | |
| STATE/COUNTRY | | DISTRICT | |
| HEALTH CENTER | | M.D. | |
| CENSUS TR. | | RECORD NUMBER | |

| | | | | | |
|---|--|---------------------|--|---------------|--|
| LEPROSY CASE/CONTACT SURVEILLANCE | | CASE/PATIENT'S NAME | | RECORD NUMBER | |
| PREVENTIVE/PUBLIC HEALTH - ACDC COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES | | (LAST) (FIRST) | | RECORD NUMBER | |
| | | FAMILY SURNAME | | | |

REMARKS

CASE INFORMATION OF ATTITUDE ABOUT DIAGNOSIS AND SURVEILLANCE; ABILITY TO FOLLOW TREATMENT PLAN, KEEP APPOINTMENTS; OCCUPATION; DISABILITIES AND DEFORMITIES, INJURIES, CHANGES IN HOUSEHOLD CONTACTS.

CONTACTS INFORMATION REGARDING ATTITUDE TOWARD SURVEILLANCE; ABILITY TO FOLLOW MEDICATION PLAN (IF PRESCRIBED) AND KEEP APPOINTMENTS.