1. Name of patient:  

2. Occupation:  

3. Members of household:  

4. Occupation of household member from/to sensitive occupation:  

5. Immunization status of household members:  

6. Medical supervision – name, address, telephone number:  

7. Health status (e.g., physical, mental, emotional, etc.):  

8. If admitted to a health facility – why, where, when, include who notified the facility of carrier status and if enteric precautions were taken.  

9. If health change indicates patient is not able to follow typhoid carrier agreement – enter name, address, telephone number, age and relationship of responsible person.  

10. Feces and urine cultures – dates taken and results of most recent specimens:  

**COMMENTS:**  

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**DATE:**  | **DISTRICT HEALTH OFFICER'S SIGNATURE:**  | **DISTRICT:**  
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**TYPHOID CARRIER SEMI-ANNUAL REPORT**  | **PATIENT'S NAME:**  | **RECORD NUMBER:**  
Acute Communicable Disease Control  | (LAST)  |  
LA County Dept. of Health Services  | (FIRST)  |  
Public Health  |  |  
"acd-typhoid carrier semi-rep, rev. 7/02"  |  |  

COUNTY OF LOS ANGELES  
DEPT. OF HEALTH SERVICES  
PUBLIC HEALTH  
Acute Communicable Disease Control  
313 N. Figueroa St., Rm. 212  
Los Angeles, CA 90012  
213-240-7941 (phone)  
213- 482-4856 (facsimile)