INSTRUCTIONS

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

CASE

SOURCE OF MEDICAL SUPERVISION AND RECORD NUMBER

DIAGNOSIS — DATE

- ☐ T.T. - TUBERCULOID
- ☐ B.T. - BORDERLINE TUBERCULOID
- ☐ B.B. - BORDERLINE
- ☐ B.L. - BORDERLINE LEPROMATOUS
- ☐ L.L. - LEPROMATOUS LEPROSY
- ☐ IND. - INDETERMINATE
- ☐ ARL. - ARRESTED LEPROMATOUS

☐ INFECTIOUS ☐ NONINFECTIOUS ☐ UNKNOWN

MEDICATION — DATE

- ☐ DAPSONE
- ☐ RIFAMPICIN
- ☐ DAPSONE/THALIDOMIDE
- ☐ OTHER (SPECIFY):
- ☐ NONE

CLOSED TO SUPERVISION — DATE

1. CLOSED TO MEDICAL SUPERVISION
2. TRANSFERRED TO ANOTHER L.A. CO.HLTH. JURISDICTION (SPECIFY):
3. MOVED OUT OF L.A. CO. JURISDICTION (SPECIFY):
4. LOST TO FOLLOW-UP
5. DIED

BIOPSY RESULTS — DATE

SITE	BI	MI	AFB, FITE, ETC.

HOSPITALIZATION

INCLUSIVE DATES	FACILITY
TO	REASON

CONTACTS

(COMPLETE SOURCE CASE NAME AND RECORD NUMBER BELOW)

RELATIONSHIP TO SOURCE CASE AND EXPOSURE DATES

NAME AND POSITION IN FAMILY	BIRTH DATE	EXAMINATION DATE	EXAMINATION RESULTS	BIOPSY	PROPHYLAXIS DATE (MO. - YR.)	MEDICAL SUPERVISION	CLOSED TO SUPERVISION CODE AS ABOVE
		1ST		DATE	START	RECORD NO.	DATE
		LAST		RESULTS	DC'D	DATE NEXT EXAM	SPECIFY:
		1ST		DATE	START	RECORD NO.	DATE
		LAST		RESULTS	DC'D	DATE NEXT EXAM	SPECIFY:
		1ST		DATE	START	RECORD NO.	DATE
		LAST		RESULTS	DC'D	DATE NEXT EXAM	SPECIFY:
		1ST		DATE	START	RECORD NO.	DATE
		LAST		RESULTS	DC'D	DATE NEXT EXAM	SPECIFY:
		1ST		DATE	START	RECORD NO.	DATE
		LAST		RESULTS	DC'D	DATE NEXT EXAM	SPECIFY:
		1ST		DATE	START	RECORD NO.	DATE
		LAST		RESULTS	DC'D	DATE NEXT EXAM	SPECIFY:

ADDRESS CHANGE ☐ CASE ☐ CONTACTS

NO. AND STREET		CITY
STATE/COUNTRY	HEALTH CENTER	CENSUS TR.

REPORT DATE	NURSE'S SIGNATURE R.N.

DISTRICT HEALTH OFFICER'S SIGNATURE M.D.	DISTRICT

LEPROSY CASE/CONTACT SURVEILLANCE
PREVENTIVE/PUBLIC HEALTH - ACDC
COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CASE/PATIENT'S NAME (LAST) (FIRST) — RECORD NUMBER

FAMILY SURNAME — RECORD NUMBER

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.