



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)



# TYPHOID CARRIER SEMI-ANNUAL REPORT

**ENTER CHANGES / NEW INFORMATION ONLY (if no change, please indicate in comments)**

1. Name of patient:

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2. Occupation:

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3. Members of household:

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

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5. Immunization status of household members:

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

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

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

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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.

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

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**COMMENTS:**

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