State of California—Health and Human Services Agency

California Department of Public Health
Surveillance and Statistics Section
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Sacramento, CA 95899-7377

TYPHOID CARRIER REGISTER—SEMIANNUAL UPDATE

(This semiannual update due January and July.)

FOR SSS USE ONLY:

Health jurisdiction	Total active carriers (including lost to follow-up)		Date	For ☐ Jan.–Jun. of year ______
Preparer's name, title		Telephone number ( )	E-mail address	☐ Jul.–Dec. of year ______

SECTION I—ACTIVE CARRIER(S)

List by names of ***active*** carrier(s) currently residing in your jurisdiction (include those lost to follow-up).

	Last Name	First Name	Middle Initial		Last Name	First Name	Middle Initial
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

SECTION II—CARRIER UPDATE (For any information that is different from your last semiannual update)

CARRIER INFORMATION

Last name	First name	Middle initial	Date of birth	Age

a. ☐ Deceased, date ____________________

b. ☐ Cleared/released, date ______________________ Notified the State DPH by mail? ☐ No ☐ Yes, date ____________________

c. ☐ Address changed within your jurisdiction

d. ☐ Close to follow-up, date ___________ Reason: ☐ Lost to follow-up, *OR* moved to: ☐ different jurisdiction, *OR* ☐ other state/country. Date ______________

Have you notified the: ☐ other jurisdiction *OR* ☐ other state/country where the carrier has moved? ☐ No ☐ Yes

e. ☐ Other, specify: ____

Complete the address information if any of b–e has been checked:

Address (number, street)	City	County	State or country (other than U.S.)	ZIP code

Remarks

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Last name	First name	Middle initial	Date of birth	Age

a. ☐ Deceased, date ____________________

b. ☐ Cleared/released, date ______________________ Notified the State DPH by mail? ☐ No ☐ Yes, date ____________________

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Have you notified the: ☐ other jurisdiction *OR* ☐ other state/country where the carrier has moved? ☐ No ☐ Yes

e. ☐ Other, specify: ____

Complete the address information if any of b–e has been checked:

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Remarks

Please refer to California Code of Regulations (CCR) on the back page of Typhoid Carrier Case Report form, CDPH 8566, for information regarding "Carrier Restriction and Supervision" and "Requirement for Release of Chronic Carriers."

 Please make copies for additional carrier's update information.