

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 <input type="checkbox"/> Jan.–Jun. of year _____ <input type="checkbox"/> Jul.–Dec. of year _____
Preparer's name, title	Telephone number ()	E-mail address	

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
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- 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
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Remarks

CARRIER INFORMATION

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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."