

The more information obtained at the time of diagnosis, the quicker spread of disease can be halted.

Partner/Contact Information:				
Name (Last, First, Middle):		Last Exposure:		DOB/Age:
Sex: M <input type="checkbox"/> F <input type="checkbox"/> Other:		Phone:		
Address: (Street)		(City)	(State)	(Zip) (County)
Email:		Social Media:		
Additional Location Info (work/school/hangouts):				
Exam Date if Applicable:		Test Date if Indicated:		Treatment Date if Indicated:
**Disposition Code:	Treatment if Indicated:		Drug Allergies:	

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Disposition Codes: **A) Preventive treatment, **B)** Refused preventive treatment, **C)** Infected & brought to treatment, **D)** Infected & not treated, **E)** Previously treated for this infection, **F)** Not infected, **G)** Insufficient information to begin investigation **H)** Unable to locate, **K)** Out of jurisdiction, **Z)** Previous preventative treatment

Local Staff Only:
