California Department of Public Health Surveillance and Statistics Section P.O. Box 997377, MS 7306 Sacramento, CA 95899-7377

## TYPHOID CARRIER REGISTER—SEMIANNUAL UPDATE

(This semiannual update due January and July.)

		F	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		JulDec. of year	
SECTION I—ACTIVE CARRIER(S)						
List by names of <b>active</b> carrier(s) currently residing in year	our jurisdiction (include t	hose lost to follow-up).				
Last Name First Name	Middle Initial	Last Nam	e	First Name		Middle Initial
1.		6.				
)		7.				
3	8.					
ļ.		9.				
5.		10.				
SECTION II CARRIER LIDRATE /For any info	rmation that is diffe		comionnuol	undata)		
SECTION II—CARRIER UPDATE (For any info	rmation that is diffe	rent ironi your iast	Semiamiuai	upuate)		
CARRIER INFORMATION	Francis		NAC-1-11 - 1-20-1	D.C. Chill		
_ast name	First name		Middle initial	Date of birth		Age
<b>G</b> 2						
a. Deceased, date			<b></b>	<b>T</b> v		
D. Cleared/released, date	Notified	I the State DPH by mail?	☐ No	Yes, date		
a. Address changed within your jurisdiction	<b>T</b>	🗖			. 5.	
	Lost to follow-up, or r	_ ,			try. Date	
	other state/country wher	e the carrier has moved?	☐ No	Yes		
c. Other, specify:		_				
Complete the address information if any of b–e has been check			0		11110.	ID I
Address (number, street)	City	County	State	or country (other	than U.S.)  Zi	IP code
Remarks						
CARRIER INFORMATION						
	First name		Middle initial	Date of birth		Ago
ast name	First name		ivildule iriitiai	Date of birtin		Age
a. Deceased, date						
b. Cleared/released, date	Notified	I the State DPH by mail?	No	Yes, date_		
Address changed within your jurisdiction		Tille State Di 11 by Illali:				
	Lost to follow-up, or r	moved to: different juri	ediction on	other state/coun	try Date	
_	other state/country when			Yes	ily. Date	
e. Other, specify:		e the carrier has moved:		1163		
Complete the address information if any of b–e has been check	ed:	_				
Address (number, street)	City	County	State	or country (other	than IIS ) 7	IP code
duless (number, succe)	Oity	County	State	or country (other	man 0.5.)	ii code
Remarks						
Chang						
CARRIER INFORMATION						
ast name	First name		Middle initial	Date of birth		Age
and Harrie	T HOL HUMO		Wildele Hiller	Bato or birti		7.90
a.  Deceased, date				ı		
b. Cleared/released, date	Notified	I the State DPH by mail?	□No	Yes, date		
Address changed within your jurisdiction			,			
	Lost to follow-up, or r	moved to: different juri	sdiction. OR	other state/coun	trv. Date	
	other state/country when			Yes	,	
e. Other, specify:	caron clatorocarity writer	5 and carrier ride moved:		, . 50		
Complete the address information if any of b-e has been check	eq.	_				
Address (number, street)	City	County	State	or country (other	than U.S.) 7	IP code
adiooc (nambol, onoct)	- City	County	State	or country (outlet		5000
Domarks						

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."