



20. Date of Onset \_\_\_\_/\_\_\_\_/\_\_\_\_

Give Brief Description & History prior to Diagnosis

21. Was Biopsy Performed?

\*\*  Yes  No

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Site \_\_\_\_\_

Acid Fast Stain:

Yes  No

Bacilli Seen?

Yes  No

22. Date Initial Medication

Prescribed \_\_\_\_/\_\_\_\_/\_\_\_\_

Dapsone  Yes  
 No  
 Unknown

Rifampin  Yes  
 No  
 Unknown

Other  Yes  
 No

\_\_\_\_\_  
 (Specify)

23. Diagnosing Physician

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

\*\* Attach lab report if available

24. Armadillo Contact?  Yes  No  Unknown

Describe: \_\_\_\_\_

25. Known Contact with Hansen's Disease Case?  Yes  No  Unknown

Name of Suspected Source	DOB	Sex	Relation-ship	Household Contact	Inclusive Dates of Contact



27. Patient's Name: \_\_\_\_\_

Date of Examination \_\_\_\_\_

