

All partners who had sexual contact with the infected individual within the 60 days preceding the onset of symptoms or the diagnosis must be contacted, tested and treated.

Contacts

CONFIDENTIAL INFORMATION

Last name, first name

Last name, first name

Record #: _____

Record #: _____

DOB: yyyy/mm/dd Age: _____

DOB: yyyy/mm/dd Age: _____

Tel. #: _____

Tel. #: _____

Intervention performed in: _____

Intervention performed in: _____

Other pertinent info.: _____

Other pertinent info.: _____

Last name, first name

Last name, first name

Record #: _____

Record #: _____

DOB: yyyy/mm/dd Age: _____

DOB: yyyy/mm/dd Age: _____

Tel. #: _____

Tel. #: _____

Intervention performed in: _____

Intervention performed in: _____

Other pertinent info.: _____

Other pertinent info.: _____

Last name, first name

Last name, first name

Record #: _____

Record #: _____

DOB: yyyy/mm/dd Age: _____

DOB: yyyy/mm/dd Age: _____

Tel. #: _____

Tel. #: _____

Intervention performed in: _____

Intervention performed in: _____

Other pertinent info.: _____

Other pertinent info.: _____

Name (block letters)

Initials

Name (block letters)

Initials
