**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Sending Health Authority Contact Information]

**We have been informed that the following:**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Address:**  |  |
| **Phone Number:**  |  |
| **E-mail:**  |  |

**Has been a contact to:**

□ Chlamydia □ Gonorrhea □ Syphilis □ HIV

**Defining Characteristics:**

|  |  |  |
| --- | --- | --- |
| **Age:** | **Sex/Gender:** | **Ethnicity/Race:**  |
| **Height:** | **Build:** | **Hair:**  | **Eyes:**  |
| **Other Defining Characteristics:** |
| **Alleged Exposure Date:**  |
| **Notes:**  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Sender requests information below to be completed and returned**: □ Yes □ No  |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Check all that apply***

□ Has been informed □ Moved from jurisdiction □ Unable to locate

□ Tested positive □ Tested negative

□ Treated (specify treatment and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H219 – Notification of Contact to Sexually Transmitted Infection *Updated August 2018*