HANSEN'S DISEASE (LEPROSY) CASE INVESTIGATION - Page 1 of 2

Indiana State Department of Health
State Form 52139 (5-05)

DIRECTIONS - PLEASE READ BEFORE YOU BEGIN:

1. Print firmly and neatly.
2. Only use pens with blue or black ink.
3. Fill in circles like this: ● Not like this: ☒ ✓ Mark mistakes like this: ✗
4. Print capital letters only and numbers completely inside boxes. A 2 C 3
5. Please complete all items on form.
6. **Date format: MM/DD/YY**

Section 1. Demographic Information

Last Name

First Name **MI** **Phone Number** -

Number & Street Address

City **State** **ZIP Code** -

County **Date of Birth** / / **Age**

Race:
- ○ Asian
- ○ Black or African American
- ○ American Indian or Alaska Native
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Other/Multiracial
- ○ Unknown

Ethnicity:
○ Hispanic or Latino ○ Not Hispanic or Latino ○ Unknown

Sex:
○ Male ○ Female ○ Unknown

Is Age in day/mo/yr?
- ○ Days
- ○ Months
- ○ Years

Section 2. Clinical Information

Date Entered U.S. / / **Date of Onset** / / **Date Leprosy First Diagnosed** / /

Type of Leprosy (ICD-9-CM Code):

○ Lepromatous (030.0 - LL, BL) ○ Intermediate (030.2 - IN) ○ Other Specified Leprosy (030.8)

○ Tuberculoid (030.1 - TT, BT) ○ Borderline (303.3 - BB) ○ Leprosy, Unspecified (030.9)

Diagnosis of Disease:

Was Biopsy Performed?
○ Yes ○ No ○ Unknown

Date / /

Results

Skin Smear?
○ Yes ○ No ○ Unknown

Date / /

BI: Positive ○ Negative ○

Disability:

	Hands			Feet			Eyes		
Sensory Loss:	○ Yes	○ No	○ Unknown	○ Yes	○ No	○ Unknown	**Lagophthalmos?**		
Deformity:	○ Yes	○ No	○ Unknown	○ Yes	○ No	○ Unknown	○ Yes	○ No	○ Unknown

THIS FORM CONTAINS CONFIDENTIAL INFORMATION PER 410 IAC 1-2.3

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Section 2. Clinical Information (continued)

List all places in the U.S. and all foreign countries the PATIENT resided (including military service) BEFORE leprosy was diagnosed.

1. Town _____ County _____ State _____
   Country _____ Inclusive dates ___ / ___ / ___ to ___ / ___ / ___

2. Town _____ County _____ State _____
   Country _____ Inclusive dates ___ / ___ / ___ to ___ / ___ / ___

3. Town _____ County _____ State _____
   Country _____ Inclusive dates ___ / ___ / ___ to ___ / ___ / ___

Current Household Contacts:

	Name	Relationship
1.		
2.		
3.		
4.		
5.		

Current Treatment for Leprosy (check all that apply):

○ Dapsone ○ Rifampin ○ Clofazimine ○ Other, specify:

If Other, specify _____

Section 3. Comments/Follow-up

Comments:

Investigator Name _____

Agency _____

Phone Number ___ - ___ - ____ Date ___ / ___ / ___

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