



Acute Communicable Disease Control  
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 Los Angeles, CA 90012  
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 publichealth.lacounty.gov/acd/

## CYSTICERCOSIS (TAENIASIS) CONTACT WORK SHEET

NAME OF CASE	
VCMR NUMBER	DATE OF 1ST POSITIVE TEST

<b>CASE</b>									
1	NAME AND RELATIONSHIP	AGE	SCHOOL AND GRADE OR OCCUPATION	SYMPTOMATIC (Yes/No) <small>If Yes, specify date of onset.</small>	REMARKS	SPECIMEN COLLECTION CONTROL (DISTRICT USE ONLY)			
						DATE		TYPE SPECIMEN/ TEST	RESULTS
						Dispensed	Collected		
1									
<b>HOUSEHOLD CONTACTS</b>									
2									
3									
4									
5									
6									
7									

REMARKS: