Notification of Sexually Transmitted Disease — Confidential	Diocase Contro	mitted R3B 3M9 ol (204) 788-	-6736			
NAME (SURNAME)	ADDRESS		POSTA	L CODE	TELEPHONE: HOME	
GIVEN NAME	MARRIED/COMMOI	N LAW	MAIDEN NAME (IF AP	PLICABLE)	WORK /	
DATE OF BIRTH SEX SEX SEX MALE	SPOUSE'S FIRST N	IAME	•		TESTED: Y M	1
GONORRHEA CHLAMYI	DIA	☐ SYPHILIS	3		Y M	
TYPE:   GENITO-URINARY   OTHER (SPECIFY)			RIMARY   SECONDA			TEN
CLINICAL FINDINGS (DESCRIBE)DURATION (	OE	☐ CARDIOVAS	CULAR   NEUROSY	PHILIS   CON	IGENITAL	
LABORATORY TESTS:		TREATMENT O	GIVEN (SPECIFY)			
SMEAR POS NEG CULTURE	□ POS □ NEG			DATI	E / /	
GONOZYME POS NEG CHLAMDIAZYME	□ POS □ NEG	1	BASED ON:		Y M 0	·
HAS A BLOOD TEST BEEN TAKEN FOR SYPHILIS	S 🗆 NO	CONFIRMATO	DFA-TP POS		REEN POS   ERENCE POS	
TREATMENT GIVEN (SPECIFY)			INAL FLUID		EG DNOT DO	
DATE		CLINICAL FIN				
PREVIOUS TREATMENT FOR: GONORRHEA □ YES	y M D B □NO	(DESCRIBE)	EATMENT FOR SYPHIL	IS TIVES		
/ / CHLAMYDIA 🗆 YES		BY WHOM	EATMENT FOR STPHIL		DATE//	,
DATE / / SILEMINE	2.110		UALLY TRANSMITT		Y M	D
DO YOU WISH CONOUR TATUS OFFICE		□A	IDS 🗆	CHANCROID	□ LGV	
DO YOU WISH: ☐ CONSULTATIVE SERVICE PHYSICIAN'S SIGNATURE:	□ NOTIFI	ADDRESS		PATIENT LITER	RATURE	
PLEASE RETURN ALL FOUR COPIES	CONFIDE	NTIAL				
Contact Information			Manitoba Health Sexually Transmitted Disease Control	4th Floor - 300 Winnipeg, Man R3B 3M9 (204) 788-6736	iitoba	A
NAME	MAIDEN NAME			TELEPHONE		
ADDRESS		STAL	DATE OF	номе	WORK FEMA	LE
MARITAL		WHERE	DATE OF / AC	GE	MALE	
STATUS:   MARRIED/CL   SINGLE   OTHER	R		PARENTS   INFO	ORMANT	OTHER	
	PLACE OF	F EMPLOYMENT.				
RELATIONSHIP:   MARITAL   PICK-L						
CHARACTERISTICS, HEIGHT WEIGHT		FRIEND	☐ PROSTITUTE		EE	
	EYE COLOU	JR H	☐ PROSTITUTE	PLEXION	OTHER	
		JR H	☐ PROSTITUTE	PLEXION		
PLACE OF MEETING    FREQUENCY OF SEX CONTACT   TYPE O-G	EYE COLOUPLACE OF EXPOSU	JRE H	PROSTITUTE OF EXPOSE  CHEALTH USE ONL	PLEXION URE (FIRST) Y DATE	OTHER TO	
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PLACE OF MEETING   TYPE O-G REMARKS:	EYE COLOU PLACE OF EXPOSU G-G R-G RESULT OF	FOR PUBLIC NAME OF INF ADDRESS GONORRHI EXAMINATION	PROSTITUTE AIR COM DATE OF EXPOS C HEALTH USE ONL ORMANT EA CHLAMYDIA	PLEXION	OTHER TO  MONTH PAGE  /TYPE SPECIMEN	
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