

SDR-PEP GREEN CARD

SINGLE DOSE RIFAMPICIN POST-EXPOSURE PROPHYLAXIS (SDR-PEP) AGAINST LEPROSY

Date (dd/mm/yyyy): _____

Location (District, city): _____

Aligned health center: _____

Name of contact: _____

Date of birth of contact: _____ Or Age (in years) _____

Has received one dose of _____ mg of rifampicin as post-exposure prophylaxis against leprosy.

Above named person is not allowed to receive another rifampicin dose as leprosy prophylaxis (SDR-PEP) within the next 2 years, so until:

Date (dd/mm/yyyy): _____

Please contact the leprosy health care worker if you have any questions.

Leprosy health care worker's information:

Name: _____

Signature : _____

Phone number: _____