

Hepatitis A Emergency Department Screening Checklist

Chicago Department of Public Health | 2160 W Ogden Ave, Chicago, IL 60612

Please complete this checklist on patients **with any of the risk factors listed below** who present with symptoms consistent with Hepatitis A and attempt to fax it on day of patient evaluation to **312.746.6388**. If you have any questions contact The CDPH Disease Reporting Hotline at 312-743-9000 during normal business hours and 3-1-1 on evenings, weekends or holidays.

PATIENT INFORMATION

Name: _____ Date of birth: ____/____/____
first last

Discharge location/address: _____ Phone number: _____

DIAGNOSTICS

- Ordered HAV IgG/IgM
- Ordered LFTs----->if resulted: AST_____ ALT_____

RISK FACTORS (check all that apply)

- Homeless
- Male who has sex with men
- Illicit drug user
- Travel to domestic high risk locations (San Diego, Santa Cruz, Los Angeles, Michigan or Utah)
- History of incarceration

EXPOSURE FOLLOW-UP (specify facility name, address or cross streets where applicable)

Where has the patient mostly lived in the past few months? _____

Has the patient been:

- in a drug treatment facility _____
- in a needle exchange program _____
- to a soup kitchen, pantry or meal program _____
- to a shelter _____
- exposed to anyone that has symptoms or Hepatitis A

CONTACTS (sexual or household; Contact CDPH to arrange post-exposure prophylaxis if within 14 days of exposure)

Name	Phone #, location, address or cross streets

REPORTING FACILITY

Facility name: _____ Today's date: ____/____/____

Reporter name: _____ Phone number: _____