Viral Hepatitis Reporting Worksheet - Chicago Department of Public Health

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Suspected Condition

☐ Acute, Symptomatic Hepatitis A Case ☐ Hepatitis B Carrier

☐ Acute, Symptomatic Hepatitis B Case ☐ Hepatitis C Carrier

☐ Acute, Symptomatic Hepatitis C Case ☐ Other Hepatitis _____

Patient Doctor (last)_____ (first)_____ **Doctor's Phone** _____

Patient Name (last)_____ (first)_____

Address (street)_____ (apt) ____ (city)_____ (state)_____ (zip)_____

Telephone # (home)_____ (work) _____ (emergency) _____

Age _____ (years) if age not in years, specify: ☐ Months ☐ Days **Date of Birth** ____/____/____

Parent's Name (if patient is a child) (last)_____ (first)_____

Sex ☐ Male ☐ Female ☐ Unknown

if **female**, is patient **Pregnant?** ☐ Yes ☐ No ☐ Unknown

Race ☐ Am. Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Unknown

Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Occupation, residential institution, and/or day care (name, address)_____ (for hep A cases only)

Number of Household Contacts _____ **Number of Household Contacts who Received IG** _____ (for hep A cases only)

Date of Onset of Symptoms ____/____/____ OR ☐ **No Symptoms**

Jaundiced ☐ Yes ☐ No ☐ Unknown

Hospitalized because of Hepatitis? ☐ Yes ☐ No ☐ Unknown

Date Blood Drawn ____/____/____

Reason for Test ☐ Suspected Viral Hepatitis ☐ Screening ☐ Other _____ ☐ Unknown

HAV Test	Positive	Negative
IgM anti-HAV	☐	☐
anti-HAV	☐	☐

HBV Test	Positive	Negative
HBsAg	☐	☐
IgM anti-HBc only	☐	☐
IgM & IgG anti-HBc	☐	☐
anti-HBs	☐	☐
HBV PCR	☐	☐
HBeAg	☐	☐

HCV Test	Positive	Negative
ELISA	☐	☐
HCV PCR	☐	☐
RIBA	☐	☐
Signal to cut off ratio	☐	☐

Numeric Signal to cut off ratio result: _____

Other hepatitis tests & results (anti-HDV, anti-HEV, etc.):

Please attach a copy of the patient's hepatitis laboratory test results to this case report form.

Liver Function Tests ALT (SGPT) _____ AST (SGOT) _____ Total Bili _____

Reporting Facility _____ **Today's Date** ____/____/____

Reporting Doctor (if other than patient's) (last)_____ (first)_____ **Phone** _____

Informant (last)_____ (first)_____ **Phone** _____ (Revised 6/07)