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 Dr. Marielle Fricchione at 312.720.4186 or Saul Ayala at 773.552.3381 during normal business hours and 311 on evenings, weekends or holidays.

### PATIENT INFORMATION

Name: __________________________  __________________________

*first*  

*last*

Date of birth: ___/___/_______

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)

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<th>Name</th>
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### REPORTING FACILITY

Facility name: __________________________  

Today’s date: ___/___/_______

Reporter name: __________________________

Phone number: ______________________________________