

# 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: \_\_\_\_\_ 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: \_\_\_\_\_