If acute viral Hepatitis is suspected as a diagnosis for a patient, please complete the following questions to the best ability possible and fax to your local health department. In accordance with 902 KAR 2:020, cases of hepatitis A must be reported to the local or state health department within 24 hours.

Kentucky Public Health
Prevent Promote Protect

Patient Information									
Patient Name:		Patient ID:	DOB:	Sex:					
County of residence: In the last 7 weeks: Number of male sexual partners:Number of female sexual partners:									
Date of symptom onset:	Date of interview:		Admitted to hospital? Yes / No						
Reporting provider:	Facility:		Provider phone number:						

	Question (Within the last 7 weeks)		Yes	No	Unk	nk Comments	
	Did you spend the night at any A. Own home/apartment					Any contacts* in home?Name/contact info:	
Housing Status	of the following	B. Friend's/family member's home				 Any contacts* in home? Name/contact info: Date of last stay: 	
Housin	*Contacts=sexual contact or household contact (sharing bathroom, sleeping, C. Shelter/rehab facility D. Street					 Shelter/rehab name and location: Date of last stay: 	
						Cross-streets, detailed location:	
	or eating areas)	E. Jail/prison				 Location and date of rele 	ease:
Activity	A. Did you work for, or volunteer at a place that serves homeless persons?				 Names and locations: Food worker? Yes / No Dates you worked there? 		
Ac	B. Did you or anyone you have close contact with travel outside of the United States?					If yes, specify where trav	eled and travel dates:
: =	C. Are you	A. Food handler				Employer name/location	:
Occupati	employed as a: D. Date last worked:	B. Daycare worker				Employer name/location:	
0		C. Healthcare worker				Employer name/location:	
Contacts	E. Do you know anyone else with similar symptoms in the past few months? The health department may want to contact others who may have become ill like you. May we contact the people you've mentioned? Y / N					Name: Phone Number:	Name: Phone Number:
Drug	F. Did you use any recreational drugs, including marijuana?					 Method of drug use (Please circle all that apply): injected smoked snorted ingested other (If Other, Please specify:) 	