

Hepatitis Test and Vaccination Reporting Form

SECTION A: SITE CHARACTERISTICS		Date of visit: _____
Provider (grantee) ID no. Client ID no.		
Vaccine LOT NUMBER: _____		
SECTION B: DEMOGRAPHICS		Previous Viral Hepatitis C Tests
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown
Age <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	Race (Check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Risk Factors <input type="checkbox"/> HIV Positive <input type="checkbox"/> HCV Positive <input type="checkbox"/> Liver Disease <input type="checkbox"/> Previous STD Diagnosis <input type="checkbox"/> Intravenous Drug User <input type="checkbox"/> Risky Sexual Behavior <input type="checkbox"/> Other
SECTION C: SERVICE PROVIDED (Check all that apply)		
<input type="checkbox"/> Viral Hepatitis A Vaccination <input type="checkbox"/> Viral Hepatitis B Vaccination <input type="checkbox"/> Combined Viral Hepatitis A/B Vaccination	<input type="checkbox"/> Viral Hepatitis C Test <input type="checkbox"/> Viral Hepatitis Counseling <input type="checkbox"/> Viral Hepatitis Educational Materials	Vaccine Dose Dates #1 _____ #2 _____ #3 _____
Section D: Viral Hepatitis C Testing		
Viral Hepatitis C results <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid (Repeat test using a new test kit.) Re-test <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid		Did client receive test results? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____
		Test lot number (if available): _____
Section E: TYPE OF REFERRAL SERVICES (check all that apply)		
<input type="checkbox"/> Viral Hepatitis Testing <input type="checkbox"/> Viral Hepatitis Confirmatory Testing <input type="checkbox"/> Viral Hepatitis Prevention Counseling <input type="checkbox"/> Other Hepatitis Prevention Services <input type="checkbox"/> Family Counseling & Referral Services	<input type="checkbox"/> Viral Hepatitis Medical Care/ Evaluation/ Treatment <input type="checkbox"/> Reproductive health services/Prenatal care <input type="checkbox"/> Tuberculosis Testing <input type="checkbox"/> STD Screening and Treatment	<input type="checkbox"/> Other Support Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Case Management <input type="checkbox"/> Comprehensive Risk Counseling & Services <input type="checkbox"/> No Referral Services Received
Section F: Confirmatory Testing (if viral Hepatitis C test result is positive/reactive)		
Confirmatory Test Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason _____ _____ _____		Confirmatory Test Results <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Results Pending
Patient Refused Vaccine (specify) _____ _____ _____		Did client receive confirmatory test results? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason _____