Hepatitis Screening

Name:_____ Date: _____

The Centers for Disease Control and Prevention (CDC) strongly recommend that persons in some categories be tested for Hepatitis B & C, so that important medical care and preventative measures can occur to maintain health and prevent the spread of this virus.

I. Hepatitis B and C

If yes to the following test for Hepatitis B and C			Notes
Have you ever injected drugs not prescribed by a doctor (Person Who Injects Drugs – PWID/intravenous drug use - IDU)?	☐ Yes	☐ No	
Are you HIV positive? (*Note:* annual Hep C testing recommended if HIV+)	☐ Yes	☐ No	
Men only: Are you a man who has sex with men?	☐ Yes	☐ No	
Have you stayed in jail or prison? (i.e., Have you ever been incarcerated?)	☐ Yes	☐ No	
Have you had hepatitis, liver disease, or elevated liver enzymes (ALT/AST)?	☐ Yes	☐ No	
Have you ever had sex for money, drugs, or other things you needed?	☐ Yes	☐ No	
Were you born to a mother infected with Hep B or C? (Test for whichever is indicated – B or C or both)	☐ Yes	☐ No	
If yes to any of the following test for Hepatitis B only			**Notes**
Country of birth (if not US, write-in name of country)	☐ US	Other:_____	
Have you ever had sex with and/or living with someone who has Hep B?	☐ Yes	☐ No	
Have you ever had sex with someone who has sex for money, etc.?	☐ Yes	☐ No	
Have you had a medical condition requiring immunosuppressive therapy?	☐ Yes	☐ No	
If yes to any of the following, test for Hepatitis C only			**Notes**
If you are 18 years and older, have you ever been tested for hepatitis C? (test once in lifetime)	☐ Yes	☐ No	
Have you had a transfusion of blood or organ transplant before 1992?	☐ Yes	☐ No	
Have you had clotting factor concentrates produced before 1987?	☐ Yes	☐ No	
Have you ever had or are you currently having dialysis?	☐ Yes	☐ No	
Have you ever gotten a tattoo or piercing outside of a licensed parlor?	☐ Yes	☐ No	
Have you ever snorted or inhaled drugs? Or have you ever shared drug equipment?	☐ Yes	☐ No	
Have you ever had sex with someone who has Hepatitis C?	☐ Yes	☐ No	
Have you ever had a needle stick injury? If yes, where did this occur?	☐ Yes	☐ No	

□ I want to be tested for Hepatitis B &/or C

□ I Do Not want to be tested for Hepatitis B &/or C

_____ _____

Signature of Client Date

II. Hepatitis B and Hepatitis A Vaccine History

Have you ever had Hepatitis B Vaccine? Series? (check all that apply) Dose 1 ☐ Dose 2 ☐ Dose 3 ☐	☐ Yes	☐ No
Have you ever had Hepatitis A Vaccine? Series? (check all that apply) Dose 1 ☐ Dose 2 ☐	☐ Yes	☐ No

III. *Clinic Use Only* - Services Provided

If unimmunized: **Counseling** ☐ Yes Date:_____ ☐ N/A

Referred to private provider, Walk-in or RN Clinic (vaccine charges may apply)? ☐ Yes Date: _____ ☐ N/A

Lab Sample for Hep B &/or C drawn with pre-test counseling? ☐ Yes Date:_____ Hep B Hep C (circle) ☐ No

Note: annual screening for Hepatitis B & C is recommended.

LABEL

Client's Name:_____

Client's ID:_____

Date of Birth: _____

Clinician Signature: _____ Date: _____