

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: <b>Number of male sexual partners:</b> _____ <b>Number of female sexual partners:</b> _____			
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	Comments				
Housing Status	1. Did you spend the night at any of the following places? (Select all that apply)  *Contacts=sexual contact or household contact (sharing bathroom, sleeping, or eating areas)	A. Own home/apartment				<ul style="list-style-type: none"> <li>Any contacts* in home?</li> <li>Name/contact info:</li> </ul>			
		B. Friend's/family member's home				<ul style="list-style-type: none"> <li>Any contacts* in home?</li> <li>Name/contact info: _____</li> <li>Date of last stay:</li> </ul>			
		C. Shelter/rehab facility				<ul style="list-style-type: none"> <li>Shelter/rehab name and location:</li> <li>Date of last stay:</li> </ul>			
		D. Street				<ul style="list-style-type: none"> <li>Cross-streets, detailed location:</li> </ul>			
		E. Jail/prison				<ul style="list-style-type: none"> <li>Location and date of release:</li> </ul>			
Activity	A. Did you work for, or volunteer at a place that serves homeless persons?				<ul style="list-style-type: none"> <li>Names and locations:</li> <li>Food worker? Yes / No                             <ul style="list-style-type: none"> <li>Dates you worked there?</li> </ul> </li> </ul>				
	B. Did you or anyone you have close contact with travel outside of the United States?				<ul style="list-style-type: none"> <li>If yes, specify where traveled and travel dates:</li> </ul>				
Occupation	C. Are you employed as a:  D. Date last worked: _____	A. Food handler				<ul style="list-style-type: none"> <li>Employer name/location:</li> </ul>			
		B. Daycare worker				<ul style="list-style-type: none"> <li>Employer name/location:</li> </ul>			
		C. Healthcare worker				<ul style="list-style-type: none"> <li>Employer name/location:</li> </ul>			
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? <b>Y / N</b>				<table border="1"> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Phone Number:</td> <td>Phone Number:</td> </tr> </table>	Name:	Name:	Phone Number:	Phone Number:
Name:	Name:								
Phone Number:	Phone Number:								
Drug use	F. Did you use any recreational drugs, including marijuana?				<ul style="list-style-type: none"> <li>Method of drug use (Please circle all that apply): injected smoked snorted ingested other (If <i>Other</i>, Please specify: _____)</li> </ul>				