

# HEPATITIS A CONTACT SHEET

Date \_\_\_\_\_

Patient's Name	Age	Race	Sex	Diagnosis Date	Last Date for IG
Address		Physician			
		Address			
Phone		Phone			

## CONTACTS

Name	Phone	Age	Race	Sex	State Hep A Eligible Yes No		Hep A Given	Wt.	Amt IG Given	Date Given

**RETURN COMPLETED FORM TO EPIDEMIOLOGIST**  
**Refer to CDC website for patient education**