

# 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<br>Hep A<br>Eligible<br>Yes No |  | Hep A<br>Given | Wt. | Amt IG<br>Given | Date<br>Given |
|------|-------|-----|------|-----|--------------------------------------|--|----------------|-----|-----------------|---------------|
|      |       |     |      |     |                                      |  |                |     |                 |               |
|      |       |     |      |     |                                      |  |                |     |                 |               |
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|      |       |     |      |     |                                      |  |                |     |                 |               |
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|      |       |     |      |     |                                      |  |                |     |                 |               |
|      |       |     |      |     |                                      |  |                |     |                 |               |

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