



HEPATITIS A CONTACT SHEET

Date _____

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

CONTACTS:

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

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