



Hepatitis A

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Lillian Rivera, RN, MSN, PhD, Administrator

Hepatitis A Report Form

Please complete this form and fax back to (305) 470-5533 by 4:00 PM today. It is very important to include in your returned fax with the results of the patient's hepatitis panel including HAV IgM results and liver enzyme levels.

Part I: Demographics

Date: _____

Patient name: _____
(Last) (First)

Birthdate: _____ Occupation: _____

Address: _____ Phone: _____
(Street / Apt. #) (home)

(City) (State) (Zip Code) (work)

Sex: Male Female Race: American Indian/Alaskan Native Asian or Pacific Islander Black White Ethnicity: Hispanic Non-Hispanic

Please Mark Symptoms:

Symptom:	Yes	No	Unk	Symptom:	Yes	No	Unk	Symptom:	Yes	No	Unk
Jaundice				Dark Urine				Abd. pain			
Nausea				Light stools				Fatigue			
Vomiting				Fever				Other			

Date of onset: ___/___/___ First symptom: _____

Was the patient a child or employee in a nursery, day care, preschool or elementary school? [Yes] [No] [Unk]

Is the patient employed as a food handler? [Yes] [No] [Unk]

If yes, where? _____

Was the patient hospitalized? [Yes] [No] [Unk]

If yes, name of hospital? _____

Was this patient a contact to a confirmed case of Hepatitis A? [Yes] [No] [Unk]

Were the patient's close contacts offered immune globulin? [Yes] [No] [Unk]

Date of diagnosis: ___/___/___

If you have any additional questions or concerns, please call Marie K. Etienne, R.N., M.P.H., Hepatitis Program Coordinator at (305) 470-6820.

Name of person completing form: _____ Date: _____

Comments: _____

Part II: Clinical Information



Fermin Leguen, MD, MPH, Chief Physician
Epidemiology, Disease Control and Immunization Services
Miami-Dade County Health Department
8600 N.W. 17th Street, Suite 200, Miami, Florida 33126
Tel: (305) 470-5660 • Fax: (305) 470-5533 • Email: fermin_leguen@doh.state.fl.us
Website: www.dadehealth.org

