

Hepatitis A Rapid Assessment Form for the Local Investigator

(Please refer to the Disease investigation Guideline for additional guidance.)

SYMPTOMS(S)	Unk.	No	Yes	Onset Date	Listing of Acute Symptoms:
Acute hepatitis symptoms?					
Jaundice					

LABORATORY TESTING			Collection Date	Results
Elevated Liver Enzymes				
Total IgM/IgG				Positive / Negative / Indeterminate
Serology IgM				Positive / Negative / Indeterminate

COMPLICATIONS			Date(s)	Location(s)
Hospitalized				
Died				
Other			If yes, specify:	

TRAVEL / VISITOR HISTORY			Date Arrive	Date Depart	Location (To / From)
Out of USA					
Out of State					
Out of County					

INITIAL EPI INFORMATION			Date(s)	Location(s)
Food handler				
Daycare / nursery association				
Contact w/ Hep A case				
Household contact of any of above				

Collect additional information, as requested, on the Hep A Supplemental Form Epidemiologic Information section.

Hepatitis A Vaccination History			Date(s)	Type	Manufacturer	Lot
Dose 1						
Dose 2						
If not vaccinated, reason:						

ACTIVITIES DURING INFECTIOUS PERIOD

(Mark onset date (day 0) on 3rd row of chart)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

