iral Hepatitis Investi Hepatitis B and He				Manito Health Commu Disease		300 - 800 Portage Ave. Winnipeg, Manitoba R3G 0N4 (204) 945-5436
GURNAME	, pa	GIVEN NAME		Disease	DATE	YEAR MO. DA
ADDRESS					BIRTH	
					SEX	Male Female
POSTAL CODE	IOME TELEPHONE NO.	1	MH #		P.H.I.N.	
DCCUPATION					WOF	RK
NAME OF THE PROPERTY OF THE PR	GIVEN NA	WE	SPOUSE SURNAME		TELEPH NC	O.
LIAS SURNAME	GIVEN NA	ME	SPOUSE SURINAIME			GIVENTIANIE
MARITAL Single	Married	Widowed	Separated Divorced	Common-La	aw	If female, pregnant? Yes No.
OUNTRY OF BIRTH		If not year o	Canada, if arrival in Canada			YEAR MÓ. DA
THNICITY Caucasian	Aboriginal	Asian	Afro-American	Other (Spe	cify)	
	If Aboriginal,	Trea	aty Non-1	reaty BAND	NO	
TTENDING PHYSICIAN	indicate Treaty st	atus 🗀		YES NO	DATE	
ADDRESS			Contacted?			
ADDITEOG					TELEPH NO.	
Reason for testing					<u> </u>	
Please give principal) reason only ABORATORY RESULTS (AII	datas should be show	un as VVVV / MM /	DD unless otherwise in	dicated)		
ABONATORT RESULTS (AII	POS.		NOT DONE	YEAR	MO.	DAY
HBs Ag			Date		<u></u>	
Anti-HBs						
HBe Ag						
Anti-HBe						
Anti-HBc						
Anti-HBc IgM						
Anti-HCV						
	If Anti-HCV positive date of first ever H		☐ Same ☐ Previous	YEAR	MO.	
HCV-RNA	POS.	NEG.	NOT DONE			
Anti-HAV						
Anti-HAV IgM						. YEAR MO. DAY
-		Coolifu				TEAR MO. DAT
Other		Specify:				
HISTORY OF PRESENT ILLNES Symptoms present:	SS Yes	□ No If pres	sent, date of onset of syr	nptoms:		YEAR MO. DAY
Anorexia			,,			
Nausea / Vomiting			aminotransferase levels :	>2.5 times		, YEAR MO. DAY
Fever		upper	Yes No	Not D	one	
Jaundice		OTHER HISTOR				YEAR MO.
Rash		History of blood				
Dark Urine		Ever received H	3V immunization? Ye	s No	1	ır
Pale Stools		#1	#2			#3
Fatigue		If HBV immuniza	ition received, has antibo	dy		
Right Upper Quadrant Discomfort		response been o	locumented?			YEAR MO. DAY
Other (Specify)	_		Y e	J INU		

PRESUMPTIVE DIAGNOS				O	alamania
Hepatitis B	Acute	Chronic / Chronic carrier		Cannot tell whether acute of	
Hepatitus C	Acute	Chronic		Cannot tell whether acute of	or chronic
RISK ASSESSMENT (ma	y be more than	one risk factor)			
,	•		Country _		
•		iring transfusion			
	•				
Sexual Exposure Sexual contact wit	th confirmed or sus	In past 6 r spected case	nonths Eve	er -	
Multiple sex partne	ers	· □			
Sex trade worker					
Men having sex w	rith men				
_					
Household contact with conf	firmed or suspected	d case 🗆			
Recipient of blood / blood pr	roduct			Institution and year:	
Hemodialysis / peritoneal dia	alysis			Institution and year:	
Major surgery (including den	ntal surgery)			Location and year:	
Tattoos, ear / body piercing,	, acupuncture, scar	rification		Source and year:	
Needlestick / occupational e	exposure			Source and year:	
Other				Specify:	
No identifiable risk factor .					
EDUCATION					
Repeat HBV tests to deter	mine	Transmission Sexual contacts	_	tive measures d & body fluid precaution	Health promotion ☐ Diet
☐ Carrier status ☐ Immunity		Household contacts		Household contacts	☐ Exercise
		i loadoriola contacto		Todoorioid corridoto	
		☐ Injection drug use	П:	Sexual contacts	☐ Alcohol / Drugs
☐ Incubation period	otomatic	☐ Injection drug use☐ Infants / Breastfeeding	_	Sexual contacts Needle sharing contacts	☐ Alcohol / Drugs
☐ Incubation period ☐ Asymptomatic vs symp		☐ Injection drug use ☐ Infants / Breastfeeding ☐ Dental / Medical Care		Sexual contacts Needle sharing contacts reduction	☐ Alcohol / Drugs
☐ Incubation period		☐ Infants / Breastfeeding		Needle sharing contacts	☐ Alcohol / Drugs
☐ Incubation period ☐ Asymptomatic vs symp ☐ Possible complications ☐ Treatment regimen		☐ Infants / Breastfeeding ☐ Dental / Medical Care		Needle sharing contacts reduction	☐ Alcohol / Drugs
☐ Incubation period ☐ Asymptomatic vs symp ☐ Possible complications ☐ Treatment regimen FOLLOW-UP		☐ Infants / Breastfeeding ☐ Dental / Medical Care ☐ Occupational	☐ Risk	Needle sharing contacts reduction	☐ Alcohol / Drugs
☐ Incubation period ☐ Asymptomatic vs symp ☐ Possible complications ☐ Treatment regimen FOLLOW-UP 1. If HCV positive and susc	ceptible to HBV, ha	☐ Infants / Breastfeeding ☐ Dental / Medical Care ☐ Occupational s HBV vaccine been offered?	☐ I	Needle sharing contacts reduction YES NO	☐ Alcohol / Drugs
☐ Incubation period ☐ Asymptomatic vs symp ☐ Possible complications ☐ Treatment regimen FOLLOW-UP 1. If HCV positive and susc 2. If HCV or HBV positive, I	eptible to HBV, ha	☐ Infants / Breastfeeding ☐ Dental / Medical Care ☐ Occupational S HBV vaccine been offered?	☐ I	Needle sharing contacts reduction YES NO	☐ Alcohol / Drugs
☐ Incubation period ☐ Asymptomatic vs symp ☐ Possible complications ☐ Treatment regimen FOLLOW-UP 1. If HCV positive and susc 2. If HCV or HBV positive, I 3. Is the likely source of infe	eptible to HBV, ha has HAV vaccine bection receipt of blo	☐ Infants / Breastfeeding ☐ Dental / Medical Care ☐ Occupational s HBV vaccine been offered? peen offered? pood or blood products?	Risk	Needle sharing contacts reduction YES NO	☐ Alcohol / Drugs
☐ Incubation period ☐ Asymptomatic vs symp ☐ Possible complications ☐ Treatment regimen FOLLOW-UP 1. If HCV positive and susc 2. If HCV or HBV positive, I 3. Is the likely source of information (If yes, or if there is a his	eptible to HBV, ha has HAV vaccine bection receipt of blustory of blood dona	☐ Infants / Breastfeeding ☐ Dental / Medical Care ☐ Occupational s HBV vaccine been offered? peen offered? cod or blood products? tion, Manitoba Health to inform Ca	Risk	Needle sharing contacts reduction YES NO	☐ Alcohol / Drugs
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☐ Incubation period ☐ Asymptomatic vs symp ☐ Possible complications ☐ Treatment regimen FOLLOW-UP 1. If HCV positive and susc 2. If HCV or HBV positive, I 3. Is the likely source of information (If yes, or if there is a his 4. If patient is HBV positive for prophylaxis of the new	peptible to HBV, hat has HAV vaccine be ection receipt of blostory of blood done and pregnant, have wborn with HBV Im	☐ Infants / Breastfeeding ☐ Dental / Medical Care ☐ Occupational s HBV vaccine been offered? peen offered? cod or blood products? tion, Manitoba Health to inform Ca	Risk	YES NO	☐ Alcohol / Drugs
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☐ Incubation period ☐ Asymptomatic vs symp ☐ Possible complications ☐ Treatment regimen FOLLOW-UP 1. If HCV positive and susc 2. If HCV or HBV positive, I 3. Is the likely source of information (If yes, or if there is a his 4. If patient is HBV positive for prophylaxis of the new 5. Contacts: Has the case the case of the case	reptible to HBV, ha has HAV vaccine be ection receipt of blostory of blood dona and pregnant, have wborn with HBV Im- been interviewed for ang physician alone	☐ Infants / Breastfeeding ☐ Dental / Medical Care ☐ Occupational s HBV vaccine been offered? Deen offered?	Risk	YES NO	
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