



Hepatitis C Virus Rapid Test Risk Assessment

All risk assessments must be completed in full on all clients who are tested with a rapid screening test.
PLEASE PRINT LEGIBLY

Today's Date: _____ County: _____ CHD CBO Site #: _____

Clinic/Site (check one): CHD Family Planning Hep 09 STD HIV Jail Outreach Other

DO NOT TEST if client has tested positive for hepatitis C. Complete confirmatory blood test for accurate results.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Date of Birth (mm/dd/yyyy): _____ Age: _____ Gender: Male Female

Race: White Black American Indian/Alaskan Native Asian/Pacific Islander Other Unknown Refused

Ethnicity: Hispanic or Latino Non-Hispanic or Latino Unknown Refused to answer

Do you have any of the following symptoms?

- Abdominal Pain
- Vomiting
- Jaundice (yellowing of eyes or skin)
- Loss of appetite
- Fever
- Nausea
- Headache
- Diarrhea
- Refused to answer

History (Check all that apply)

1. Have you ever received a hepatitis vaccine for the following? Hepatitis A? Hepatitis B? No Unknown
2. Have you ever had Hepatitis A? Hepatitis B? No Unknown
3. Have you ever been told that you tested positive for hepatitis C? Yes (**DO NOT TEST**) No Unknown
4. Have you ever received a transfusion of blood or blood components before July 1992? Yes No Unknown
5. Have you ever been employed in the medical/dental field involving direct contact with blood? Yes No Unknown
6. Have you had an invasive procedure in the last year? Yes No Unknown
7. Refused to answer

Risks (Check all that apply)

- Born 1945–1965
- Body piercing (in the past year)
- Tattoos (in the past year)
- Incarcerated in a jail (in the past year)
- Incarcerated in a prison (in the past year)
- Household contact of a person with hepatitis C
- Refused to answer
- Injected drugs (in the past year)
- Needle stick injury
- Snorting drugs
- Multiple sexual partners (in the past year) 2-5 >5 Unknown
- Unknown sexual partners Sexually transmitted disease
- Sexually transmitted disease
- Long term sexual partner with hepatitis C
- Shared needles for any reason (in the past year)

Rapid Test Information

- Rapid Test Kit Lot Number: _____
- Rapid Test Kit Expiration Date: _____
- Time Test Began: _____
- Time Test Read: _____

Test Results: Reactive Non-Reactive

Results Given? Yes No Refused Test

Linked to Care: Yes No