



# 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 e-mail or print and return this form to Tallahassee. A copy of this form must be kept in the client record. PLEASE PRINT LEGIBLY

Today's Date: \_\_\_\_\_ County: \_\_\_\_\_  CHD  CBO Site #: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

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

Ethnicity:  Hispanic  Non-Hispanic

Do you have any of the following symptoms?

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

### 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?  Hepatitis C?  No  Unknown
3. Have you ever been told that you tested positive for hepatitis C?  Yes  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

### Risks (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Born 1945-1965                                 | <input type="checkbox"/> Injected drugs (in the past year)   |
| <input type="checkbox"/> Body piercing (in the past year)               | <input type="checkbox"/> Needle stick injury   |
| <input type="checkbox"/> Tattoos (in the past year)                     | <input type="checkbox"/> Snorting drugs  |
| <input type="checkbox"/> Incarcerated in a jail (in the past year)      | <input type="checkbox"/> Multiple sexual partners (in the past year) <input type="checkbox"/> 2-5 <input type="checkbox"/> >5 <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Incarcerated in a prison (in the past year)    | <input type="checkbox"/> Sexually transmitted disease  |
| <input type="checkbox"/> Household contact of a person with hepatitis C | <input type="checkbox"/> Long term sexual partner with hepatitis C   |
|   | <input type="checkbox"/> 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

Return completed forms by fax to: 850-414-8103, **or**  
 Return completed forms by email by clicking on the "Submit Form" button above, **or** Return completed forms by mail to:  
 HIV/AIDS Section  
 4025 Esplanade Way  
 Tallahassee, FL 32399  
 Attn: Rapid Testing Data, Room 310F