



Hepatitis C Virus Rapid Test Risk Assessment

A risk assessment must be completed 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.

Today's Date: _____ County: _____

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 Haitian

History (Check all that apply)

1. Have you ever received the hepatitis A vaccine?* Yes No Unknown

If yes, how many doses? 1 Dose 2 Doses Unknown

**This can be either the individual A or B vaccines or the A and B combined vaccine.*

2. Have you ever received the hepatitis B vaccine?* Yes No Unknown

If yes, how many doses? 1 Dose 2 Doses 3 Doses

3. Have you ever had Hepatitis A? Hepatitis B? Hepatitis C? No Unknown

4. Have you ever been told that you tested positive for hepatitis? Yes No Unknown

5. Have you ever received a transfusion of blood or blood components before July 1992? Yes No Unknown

6. Have you ever been tested for hepatitis C? Yes No

7. Have you ever tested positive for hepatitis C? ** Yes ** No **** If yes, stop here. Do not perform a rapid test.**

Risks (Check all that apply)

Born 1945-1965

Body piercing

Tattoos

Jails-inmate

Prisons-inmate

Multiple sexual partners

Injected drugs (even once)

Shared needles for vitamins/medications

Born to a mother with hepatitis C

Needle stick injury

Long term sexual partner with hepatitis C

Sexually transmitted disease

Occupational risk

Household contact of a person with hepatitis C

Anal Sex

Sex for money

Snorting drugs

Rapid Test Information

Rapid Test Kit Lot Number:

Rapid Test Kit Expiration Date:

Time Test Began:

Time Test Read:

Test Result: Reactive

Non-reactive

Result Given? Yes

No

Refused Test

Linked to Care? Yes

No

Return completed forms by fax to: 850-414-8103, **or**

Return completed forms email by clicking on the "Submit Form" button above, **or**

Return completed form by mail to:

HIV/AIDS Section

4025 Esplanade Way

Tallahassee, FL 32399

Attn: Rapid Testing Data, Room 325F