PATIENT INFORMATION		
Parish	**Date report received at Health Department (*dd/mm/yy)***	
Name	**Age**	**Gender** M F
If Child, Name of Parent / Guardian *(relationship to case)*	**Date of Birth**	**Hosp name / Docket Number**
Telephone Number	**Landmarks**	
Home Address	**Occupation**	

CLINICAL DATA						
Date of onset of illness						**Immunization History**
SYMPTOMS	**Y N**	**SYMPTOMS**	**Y N**	**SYMPTOMS**	**Y N**	**Number of doses of Hepatitis B:**
Fever		Nausea		Vomiting		
Anorexia		Itching/Rash		Jaundice		
Malaise		Arthralgia		Palpable liver		**Date of last dose:**
Fatigue/Lethargy		Abd. Pain/discomfort		Dark urine, pale stools		

Is / Was this patient hospitalized?	**Hosp & Date of Admission**	**Date of discharge**	**Outcome of illness**
			Survived
			Died Date / /

Was patient identified through blood donation testing?	**Date of donation**	**Date result of test rec'd**

Date of repeat HbsAg (>6 mths)	**Which Laboratory?**	**Lab number and Result of repeat HbsAg Test**

EXPOSURE HISTORY			
	Y N	**Dates**	**Details**
Sexual contact with Hepatitis Case			
Blood transfusion in past 6 months			
Haemodialysis? Injections? Injecting drug use?			
Hospitalized in past 6 months			
Tattooing, ear piercing, acupuncture			
Child of Hepatitis B surface antigen positive mother			
Resident in institution, attends daycare			
Healthcare worker with occupational sharps injury			

LABORATORY DATA

Specimen	**Date collected**	**Date rec'd**	**Condition**	**Test**	**Result**	**Date sent**	**Comment**
Blood				**HBsAg**			
Blood				**Anti-HBc IgM**			
Blood				**HBeAg**			

FINAL CASE CLASSIFICATION

LABORATORY CONFIRMED HEPATITIS B CASE HEPATITIS

INDETERMINATE

Date reported:

Signature: MO(H)

signature:

Date:

CONTACT INVESTIGATION							
CONTACT'S NAME (Level of contact with case e.g. Household or sexual)	**SEX**	**AGE**	**ADDRESS**	**Hepatitis B Vaccine status**	**Number of doses**	**HbsAg Test Date**	**RESULT**

CONTACTS RECEIVING HEPATITIS B VACCINE

NAME	DATE FIRST DOSE	DATE SECOND DOSE	DATE THIRD DOSE

OTHER RELEVANT INFORMATION