

Screening Tool for Hepatitis A Vaccine

Please consider the following risk factors. It is not necessary to specifically indicate which risk factor applies to you, however please acknowledge whether or not you fall into at least one of the below risk factors.

- Persons who use injection or non-injection illicit drugs
- Men who have sex with men (MSM)
- Persons who are homeless or in transient living situations
- Persons who have been incarcerated
- Persons with acute or chronic liver disease, including those with hepatitis B virus (HBV) and/or hepatitis C virus (HCV)
- Persons exposed or contact with someone with Hepatitis A (HAV)
- Household contact with someone who uses illicit drugs or homeless
- Persons who provide direct services with people who are homeless or use illicit drugs
- Persons with ongoing exposure to a group listed above

_____ Yes, I fall into at least one of the risk factors.

_____ No, I do not fall into at least one of the above risk factors.

Patient/Parent/Legal Guardian Signature

Date

Healthcare Professional Signature

Date