



Hidalgo County Health Department
Public Health Preparedness and Response Team
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Viral Hepatitis B Checklist

Patient Name/DOB _____

The patient has an acute illness with a) discrete onset of symptoms **and** b) jaundice or elevated serum aminotransferase levels

Yes _____ No _____ Unknown _____

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

- ALT [SGPT] Results _____ Upper limit normal _____ Date of ALT result ____/____/____
- AST [SGOT] Results _____ Upper limit normal _____ Date of AST result ____/____/____

Please circle the appropriate result:

- | | | | |
|---|-----------------|-----------------|----------------|
| The patient is Hepatitis B surface antigen (HBsAg) | <i>positive</i> | <i>negative</i> | <i>unknown</i> |
| The patient is total anti-HBc | <i>positive</i> | <i>negative</i> | <i>unknown</i> |
| The patient is IgM anti-HAV | <i>positive</i> | <i>negative</i> | <i>unknown</i> |
| The patient is IgM anti-HBc | <i>positive</i> | <i>negative</i> | <i>unknown</i> |
| The patient is HBeAg | <i>positive</i> | <i>negative</i> | <i>unknown</i> |
| The patient is anti-HBe | <i>positive</i> | <i>negative</i> | <i>unknown</i> |
| The patient is HBsAg positive two times at least 6 months apart | <i>yes</i> | <i>no</i> | <i>unknown</i> |

Please mark one of the following:

The patient has acute Hepatitis B _____

The patient has chronic Hepatitis B _____

Comments: _____

Practitioner Name _____ Signature and Date _____