Hepatitis A Contact Tracing List

Case Name:

Dates of Infectious Period:

Demographics				Phone Number	Date of Last Contact	Type of Contact						Laboratory Testing			PEP Provided (Y/N)	Additional Comments
Name	Sex	Date of Birth	County of Residence			Household (Y/N)	Sexual (Y/N)	Social (Y/N)	Drug (Y/N)	Other (Y/N)	If other, please specify:	Tested (Y/N)	Date of Testing	Testing Result		