



## West Virginia Department of Health and Human Resources 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 have 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 Virus (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 have at least one of the above risk factors.

\_\_\_\_\_ No, I do not have any of the above risk factors.

\_\_\_\_\_  
Patient/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Healthcare Professional Signature

\_\_\_\_\_  
Date