



# Hepatitis B & C Contact Form

## NITHA PUBLIC HEALTH UNIT

Mailing Address: Cottage 11, 2300 10<sup>th</sup> Avenue West

P.O. Box 787, Prince Albert SK S6V 5S4

Telephone: (306) 953 5000 Facsimile: (306) 953 5020

Please return Completed form to Northern Inter-Tribal Health Authority

Contacts (sexual/iv drug use/household) in last 6 months

Name	Address (if different from index)	Age	Relationship	Contact Risk	Antigen	Antibody	HBIG/immunization
					pos neg	pos neg	recom / rec'd
					pos neg	pos neg	recom / rec'd
					pos neg	pos neg	recom / rec'd
					pos neg	pos neg	recom / rec'd
					pos neg	pos neg	recom / rec'd
					pos neg	pos neg	recom / rec'd
					pos neg	pos neg	recom / rec'd
					pos neg	pos neg	recom / rec'd
					pos neg	pos neg	recom / rec'd

recom = recommended to client    rec'd = first dose given

### Health actions

Information sheet given	<yes>
Description of illness	<yes>
Advice given re: prevention of spread by	
1. sexual activity	<yes>
2. blood borne spread	<yes>

### Recording

Child Health Record	( )
Family Folder	( )
CD report	( )
Hepatitis files	( )

Comments: