

**LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS: PATIENT ENCOUNTER FORM**

Employer: \_\_\_\_\_

**Name** \_\_\_\_\_  
 Last First Middle  
**Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender:**  Male  Female  Decline to answer  
**Race/Ethnicity:**  White  Black  American Indian/Alaskan  Hawaiian/Pacific Islander  Asian  Hispanic/Latino  
**Highest Level of Education:**  Some High School  High School Graduate  Some College  College Graduate  
**Address** \_\_\_\_\_ **County** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Allergies to medication:**  No known medication or food allergies  Allergic to the following: \_\_\_\_\_  
**Current medication:**  Not currently taking any medication  Taking the following medication: \_\_\_\_\_

**INFORMED CONSENT FOR VACCINES**

I consent to provide the requested personal health information and administration of Hepatitis A vaccine. I understand that no guarantees are being made as to the effect of any treatment given to me. I have read or had read to me information about the Hepatitis A vaccine. I had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Hepatitis A vaccine. If I want information about my vaccination to be sent to my provider, I have included that below

\_\_\_\_\_  
**SIGNATURE OF VACCINE RECIPIENT** **DATE**  
 Primary care provider: \_\_\_\_\_

**RISK FACTORS FOR HEPATITIS A and/or HEPATITIS A TRANSMISSION:** Please check the box next to the any that apply to you, the vaccine recipient. This information is for data collection purposes only and no personal identifiers will be used in any data analysis. **YOUR PERSONAL INFORMATION WILL NOT BE SHARED WITH ANYONE**

- 1. Housing insecure or homeless:  Y  N
- 2. Person Who Uses Drugs:  Y  N
- 3. Injection Drug User:  Y  N
- 4. Men who has sex with Men:  Y  N
- 5. Direct contact with those mentioned in numbers 1-4:  Y  N
- 6. I am a food service worker  Y  N

- Hepatitis A is transmitted when feces contaminate food that is then eaten:  True  False
- Washing hands is not necessary if I wear gloves to handle food:  True  False
- Hepatitis A leads to Hepatitis B which then leads to Hepatitis C  True  False
- If I get sick with Hepatitis A, I can transmit it to others, including my family  True  False
- Have you been around someone with jaundice or diarrhea  Yes  No  Unsure
- Have you ever come to work sick with fever, diarrhea or upset stomach  Yes  No  Unsure
- Have you ever attended a special course about food handling/food safety  Yes  No  Unsure

DESCRIPTION	Date	Dose	Manufacturer	Lot Number	Expiration Date	VIS Date
Hepatitis A		1.0 ml	Merck			7/20/2016

Injection Site: \_\_\_\_\_ Administered by: \_\_\_\_\_

Signature and Title of Provider \_\_\_\_\_