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(branch stamp)

AN EPIDEMIOLOGICAL INQUIRY
IN THE DIRECTION OF THE RISK OF HBV AND HCV INFECTION

Patient's name and surname .....

Full name of the legal representative* .....

PESEL SOCIAL SECURITY NUMBER / DATE OF BIRTH OF THE PATIENT* .....

INTERVIEW refers to the period of **6 months** prior to admission to the hospital!

	Yes	No
1. Have you/your child* been ill with viral hepatitis, jaundice? If so, when?	☐	☐
2. Have you/your child* been treated in other health care facilities, including private practices? If so, where and when?	☐	☐
3. Have you/your child* had contact with a hepatitis B, hepatitis C patient? If so, where and when?	☐	☐
4. Have you/your child* received injections, drip-bags, transfusions*? If so, where and when?	☐	☐
5. Have you/your child* had any procedures (biopsies, punctures, acupuncture, surgery, blood draws)* performed on the skin? If so, where and when?	☐	☐
6. Have you/your child* ever been vaccinated against hepatitis B? if so, how many times?	☐	☐
7. Have you/your child* undergone endoscopic examination? If so, where and when?	☐	☐
8. Have you/your child* used the services of dental surgeries? (extraction of teeth, fillings, removal of tartar)*? If so, where and when?	☐	☐
9. Have you/your child* used the services of ophthalmologist? If so, where and when?	☐	☐
10. Have you/your child* used the services of hairdressers, beauty treatments (manicure, pedicure, tattoo, ear piercing, shaving with razor, etc.)*? If so, where and when?	☐	☐

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signature of the interviewer | date | signature of the Patient / legal representative*

* cross out as necessary