MEDICAL RECORD

Report on **Screening at Separation or Retirement**

or

~~Continuation of S.F.~~ _____

(Strike out one line) (specify type of examination or date)

(Sign and date)

Hepatitis C Virus (HCV) Antibody Screening at Separation or Retirement Physical Examination

Screening for the presence of antibodies to hepatitis C virus (HCV) is offered to all Navy and Marine Corps Service personnel over the age of 35 years upon their retirement or separation. This screening is not mandatory.

Hepatitis C is transmitted primarily by injections of contaminated blood. The following are possible sources of hepatitis C infection. If you can answer "yes" to any of these risk factors, you should receive a simple blood test to determine if you could have hepatitis C.

- Receiving a transfusion of blood or blood products before 1992.
- Ever injecting illegal drugs, including use once many years ago.
- Receiving clotting factor concentrates produced before 1987.
- Having chronic (long-term) hemodialysis.
- Being told that you have persistently abnormal liver enzyme tests or an unexplained liver disease.
- Receiving an organ transplant before July 1992.
- Having a needle stick, sharps, or mucosal exposure to potentially HCV-infected blood as part of your occupational duties and not previously evaluated for HCV infection.

If you consider yourself at risk, based on an exposure to a possible source of hepatitis C virus, you should have a simple blood test for hepatitis C infection (HCV antibody test). You may request HCV testing even if you don't have a specific risk factor for infection. You will not be asked to identify any specific risk factors to justify HCV testing. HCV testing will not delay your separation or retirement.

If the test is positive, you will receive a medical evaluation to confirm HCV infection, determine your need for specific treatments, and be provided counseling on lifestyle modifications and steps to protect others from infection.

Circle one of the following:

No – I do not want to be tested for hepatitis C. Yes – I want to be tested for hepatitis C.

Indicate by your signature that you understand the foregoing statement.

SIGNATURE _____ DATE _____

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)*

REGISTER NO. WARD NO.

REPORT ON _____ OR CONTINUATION OF _____