

Acute Hepatitis E questionnaire



Public Health
Agency

HPZ: Date

Full name				
Date of birth				
Address				
..... Postcode				
Did you have jaundice?	Yes/No Start date:			
Symptoms: (please highlight) nausea vomiting fever abdominal pain				
Other:				
Date of onset				
Did you travel outside the UK in the two months before becoming unwell?	Yes/No Date of departure: Date of return:			
	Location:			
Where do you work or attend school?			
When were you last there?			
We may contact you to find out more about the information you have provided. If you would be happy to be contacted, please provide your contact details				
Phone number Email address				



Public Health
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Public Health Agency, 12-22 Linenhall Street,
Belfast BT2 8BS. Tel: 028 90 321 313
www.publichealth.hscni.net