

APAMSA Hepatitis B Outcome Form

1. School Name _____
2. Date of Event _____
3. Description of Event (location, type: education, screening, vaccination, etc) _____

4. Who did you work with? (Local organization or APAMSA chapter initiated, which physicians did you work with?) _____

5. How many students participated in the event and in what capacity? _____

6. What worked well? _____

7. What would you have done differently? _____

8. For screenings:
 - a. How Many people did you screen?__
 - b. How many screened surface antigen positive?__
 - c. How many screened antigen and antibody negative?__
 - d. How many screened surface antibody positive?__
 - e. What follow up method did you use? _____

 - f. Did you feel your follow up was effective? _____

9. Other comments/suggestions for improvement? _____

