VISIT DATE ☐☐/☐☐/☐☐

FORM 1b

ENROLLMENT MEDICAL ASSESSMENT

Section A:

1. **Date of birth** ☐☐/☐☐/☐☐

2. **What is the participant's height** ☐☐☐cm
   ☐ Not done

3. **What is the participant's weight** ☐☐☐.☐ kg
   ☐ Not done

Section B:

PLEASE ENTER THE MOST RECENT KNOWN RESULT FROM THE MEDICAL RECORD OR SELECT 'NO DOCUMENTED TEST'.

1.HCV antibody test

Date of most recent test □□/□□/□□
☐ Positive
☐ Negative
☐ No previous documented test

2.Qualitative: HCV RNA/PCR test   **Test ordered today? ☐ Yes   ☐ No**

Date of most recent test □□/□□/□□
☐ Positive
☐ Negative
☐ No previous documented test

3.Quantitative: HCV RNA/PCR test   **Test ordered today? ☐ Yes   ☐ No**

Date of most recent test □□/□□/□□
☐ Positive _____ IU/ml
☐ Negative

4.HIV RNA

Date of most recent test □□/□□/□□
☐ _____ c/ml
☐ No previous documented test

5.CD4 Cell count

Date of most recent test □□/□□/□□
☐ _____ /mm^3
☐ No previous documented test

6. HBV vaccination

☐ Never been vaccinated
☐ Fully vaccinated
☐ Partially vaccinated, not completed

7. HBV surface antigen   Test ordered today? ☐ Yes   ☐ No

Date of most recent test   ☐☐/☐☐/☐☐
☐ Positive
☐ Negative
☐ Indeterminate
☐ No previous documented test

8. HBV core antibody   Test ordered today? ☐ Yes   ☐ No

Date of most recent test   ☐☐/☐☐/☐☐
☐ Positive
☐ Negative
☐ Indeterminate
☐ No previous documented test

9. HBV surface antibody   Test ordered today? ☐ Yes   ☐ No

Date of most recent test   ☐☐/☐☐/☐☐
☐ Positive
☐ Negative
☐ Indeterminate
☐ No previous documented test

10. Platelet count

Date of most recent test   ☐☐/☐☐/☐☐
Value: _____ $x10^9$/L
☐ No previous documented test

11.ALT

Date of most recent test □□/□□/□□
Value: _____ U/L
□ No previous documented test

12.AST

Date of most recent test □□/□□/□□
Value: _____ U/L
□ No previous documented test

13.Albumin

Date of most recent test □□/□□/□□
Value: _____ g/L
□ No previous documented test

14.Bilirubin

Date of most recent test □□/□□/□□
Value: _____ mmol/L
□ No previous documented test

15.Creatinine

Date of most recent test □□/□□/□□
Value: _____ μmol/L
□ No previous documented test

Section C:

PLEASE ENTER THE CURRENT MEDICATION THE PATIENT IS TAKING:

Antiretroviral treatment:

_____

_____

_____

_____

_____

Other:

_____

_____

_____

_____

_____

Section D:

PLEASE ENTER THE ESTIMATED START DATE OF ANTI-HCV MEDICATION:

▢▢/▢▢/▢▢

PLEASE ENTER PLANNED HCV TREATMENT COURSE (GIVE REGIMEN AND DURATION):

_____

_____

_____