



# DEADLY LIVER MOB

## Resources

### PARTICIPANT TRACKING SHEET

Name / (Identified as...)	Contact phone number	Date of first contact	Recruited by	Suburb	Layer	Vouchers for Education Sessions				HCV Screen	HBV Vaccine	SH Screen	1 <sup>st</sup> follow- up for results & HBV vac  Date & signature	2 <sup>nd</sup> follow- up for final HBV Vac  Date & signature
						Self	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	TOTAL of \$10 REGARDLESS of # of services				