



# San Francisco Hep B Free

*First city in the U.S. to test and vaccinate all Asian and Pacific Islanders for HBV*

## Clinician's Honor Roll Pledge

Join the challenge to eliminate hepatitis B!!

**The San Francisco Hep B Free Clinician's Honor Roll** will be widely publicized among peers, patients, and the general public on a regular basis in publications such as the San Francisco Medical Society Magazine, mainstream news outlets, digital media, and ethnic media. A goal of the SF Hep B Free Campaign is to make hepatitis B screening standard of care for susceptible populations, within the primary care setting, and among other physicians such as obstetricians and gynecologists with responsibilities under the CDC national recommendations.

Your pledge will go a long way toward the elimination of transmission of hepatitis B and the prevention of liver cancer. For information on the San Francisco Hep B Free campaign, visit [sfhepbfree.org](http://sfhepbfree.org).

For information on the SF Dept. of Public Health's Chronic Viral Hepatitis Registry, please visit [sfcdcp.org/chronichepre registry.html](http://sfcdcp.org/chronichepre registry.html)

For more information, contact [HonorRoll@sfhepbfree.org](mailto:HonorRoll@sfhepbfree.org) or call (415) 321-5894.

To be included on the SF Hep B Free Honor Roll, please **FAX** this form to **(415) 397-3080**.  
Thank you!

### Clinician Pledge

I, \_\_\_\_\_, pledge

to be a **Hepatitis B Clinician Hero** by:

1. Screening patients at risk for chronic viral hepatitis B infection in accordance with the [national guidelines](#) published by the Centers for Disease Control and Prevention, including all patients from areas of the globe with intermediate to high prevalence rates, especially Asia and the Pacific Islands. [cdc.gov/MMWR](http://cdc.gov/MMWR) MMWR 2008; 57 (RR-8)

- OR -

2. Returning a completed chronic hepatitis B patient follow up form for patients with positive HBV lab results to the SFDPH Chronic Viral Hepatitis Registry as requested.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Clinician Name:** (Please print clearly)

**Title:** \_\_\_\_\_ (MD, NP, etc.)

**Name of Practice** (if different from above):

**Mailing Address:**

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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