



## HOSPITAL REPORT

### *FOR FOLLOW-UP OF INFANT(S) BORN TO HBsAg-POSITIVE MOTHER*

☞ Please fax this report to the Perinatal Hepatitis B Prevention Program at **(408) 792-1304 within 24 hours.**

<b>MOTHER'S INFORMATION</b>	Mother's Last Name		First Name		Middle Name	
	Social Security #		Medical Record #		DOB	
	Address: Number, Street			Apt./Unit Number		Ethnicity / Race
	City/ Town		State	Zip Code		Mother's Preferred Language
	Phone Numbers Home (      )    Work (      )    Cell (      )					
	Insurance: (√ one) <input type="checkbox"/> No Insurance <input type="checkbox"/> Medi-cal <input type="checkbox"/> Private <input type="checkbox"/> Unknown					
	Type of Test	Test Date	Positive	Pending	Not Done	Negative *
	HBsAg (Hep B surface antigen)					
	HBeAg (Hep B e antigen)					
	Obstetrician's Name		Phone #		Fax #	
<b>INFANT'S INFORMATION</b>	Infant's Name		Sex	MR #	Date and Time of Birth	Birth Weight
	1.					
	2.					
	HBIG Given Date and Time	1. _____			Not Given Reason	1. _____
		2. _____				2. _____
	Hep B Vaccine Given Date and Time	1. _____			Not Given Reason	1. _____
2. _____			2. _____			
Name of Pediatrician to Care for Infant After Discharge			Phone #		Fax #	
Delivery Hospital:			Name of Reporting Person:			
Date Form Completed:			Phone # :			

*\* Do not complete this report if there is an **original laboratory report** indicating mother is HBsAg negative.*

*Hepatitis B infection is one of the diseases listed in The California Code of Regulations that health care providers are required to report to the local public health department. Mandated public health reporting is exempted from HIPAA restrictions; patient consent is not required.*