

Public Health Department



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

 Please fax this report to the Perinatal Hepatitis B Prevention Program at **(510) 268-2111** within **24 hours** of birth.

MOTHER'S INFORMATION	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: (<input checked="" type="checkbox"/> 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 #												
INFANT'S INFORMATION	Infant's Name			Sex	MR #		Date and Time of Birth			Birth Weight											
	1.																				
	2.																				
	HBIG Given Date and Time		1.				Not Given	1.													
			2.				Reason	2.													
	Hep B Vaccine Given Date and Time		1.				Not Given	1.													
			2.				Reason	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.

Revised December 2023