

County of Alameda

Public Health Department

Communicable Disease Prevention & Control Program
 Perinatal Hepatitis B Prevention Program
 1000 Broadway, Suite 500
 Oakland, CA 94607
 510.267.3250 | 510.268.2111 fax www.acphd.org



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 (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.