County of Santa Clara
Public Health Department
Communicable Disease Prevention & Control
Perinatal Hepatitis B Prevention Program
976 Lenzen Avenue, Suite 1200
San Jose, CA 95126
Tel (408) 885-4214 Fax (408) 792-1304

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.**

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: (√ one) ☐ No Insurance	☐ Medi-cal	☐ Private	☐ 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 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.

Revised 2022