

County of Santa Clara
Public Health Department

Perinatal Hepatitis B Prevention Program
976 Lenzen Avenue, Suite 1200
San Jose, CA 95126
Tel (408) 885-4214 Fax (408) 792-1304



HOSPITAL NOTE

Date:

From:

To: Labor / Delivery and Newborn Nursery Staff:

This is an alert notification that the infant born to _____, DOB (/ /) must receive Hepatitis B Immune Globulin (HBIG) and Hepatitis B Vaccine #1 as soon as possible after birth.

To:

Please bring this "Hospital Note" and give it to the nurse taking care of you when you are in labor.

Favor de traer este "Aviso para el hospital" y entregueselo a la enfermera que la va atender durante el momento del parto.

Khi đi sanh, xin mang theo “Bức Thư Cho Bệnh Viện” này giao cho y tá đỡ đẻ trong phòng sanh.

請在生產之日攜帶本「醫院通知」並交給為妳提供分娩護理的護士。

분만 시에 이 “병원 기록”을 가져가서 담당 간호사에게 주십시오.