

HOME BIRTH REPORT

FOR FOLLOW-UP OF INFANT(S) BORN TO HBsAg+ MOTHERS OR UNKNOWN MOTHERS

✦ Please fax this report, mother's hepatitis B surface antigen (HBsAg) laboratory report & an admission face sheet to (213) 351-2781 within **24 hours of birth**. Please call (213) 351-7400 if you have any questions.

MOTHER	Mother's Last Name		First Name		Middle Name	
	Medical Record #		DOB		Ethnicity/Race	
	Address: Number, Street		Apt/Unit Number		Mother's Preferred Language	
	City/Town		State		Zip Code	
	Phone # Home		Work		Cell	
INFANT	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 (Hepatitis B surface antigen)					
	HBeAg (Hepatitis B e antigen)					
	OB/Midwife's Name		Phone #		Fax #	
	Infant's Name	Medical Record #	Sex	Date of Birth	Time	Birth Weight
	GIVE HEPATITIS B IMMUNOGLOBULIN (HBIG) & HEPATITIS B VACCINE TO INFANT WITHIN 12 HOURS OF BIRTH					
IMMUNOPROPHYLAXIS	Immunoprophylaxis	Date	Time		Vaccine Status Information	
	HBIG 0.5ml	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM _____		<input type="checkbox"/> Not Given (specify): _____ _____	
	Hep B Vaccine #1	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM _____		Please check vaccine given: <input type="checkbox"/> Engerix-B (GSK) 0.5ml (10mcg) <input type="checkbox"/> Recombivax-HB (Merck) 0.5ml (5mcg) <input type="checkbox"/> Not Given (specify) _____	
	Name of Pediatrician to Care For Infant After Discharge		Phone #		Fax #	
Name of Home Birth Agency and Address					Phone #	
Name of Reporting Person (Please Print)			Signature		Date Form Completed	

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