Perinatal Hepatitis B Birth Report

Hospitals should use this form to report perinatal hepatitis B births to the Minnesota Department of Health (MDH).

Fax completed form to: **1-800-334-4931**
Attn: Perinatal Hepatitis B Coordinator

For infants born to HBsAg-positive pregnant persons:
Administer hepatitis B immune globulin (HBIG) and hepatitis B vaccine, within 12 hours of birth.

Name of hospital:

Date faxed (mm/dd/yyyy):

Person completing:

Phone number:

Birthing parent's hospital record number:

Infant's hospital record number:

Birthing parent's information

Last name:

First name:

Birthing parent DOB
(mm/dd/yyyy):

Address:

City:

Zip code:

Phone number:

Provider's name:

Clinic name and phone number:

Race:

- ☐ Asian/Pacific Islander
- ☐ American Indian
- ☐ Black
- ☐ White
- ☐ Unknown
- ☐ Other:

Ethnicity:

- ☐ Hispanic
- ☐ Hmong
- ☐ Karen
- ☐ Somali
- ☐ Vietnamese
- ☐ Other:

HBsAg (+) test date
(mm/dd/yyyy):

Hepatitis B treatment:

Treated during this pregnancy: ☐ Yes ☐ No ☐ Unknown

If yes, treatment start date
(mm/dd/yyyy):

Infant's information

Last name:

First name:

Date of birth (mm/dd/yyyy):

Time of birth (AM/PM):

Birth weight:

Sex: ☐ Male ☐ Female

Date of HBV1 (mm/dd/yyyy):

Time of HBV1 (AM/PM):

Date of HBIG (mm/dd/yyyy):

Time of HBIG (AM/PM):

HBV1 brand: ☐ Engerix ☐ Recombivax

Clinic where infant will receive HBV2 (include city):

Infant's provider phone number (if known):

Infant's insurance: ☐ CHIP ☐ Medicaid ☐ Indian Health Services ☐ Private ☐ Unknown ☐ Uninsured ☐ Other

DEPARTMENT OF HEALTH

Perinatal Hepatitis B Prevention Program
PO Box 64975, St. Paul, MN 55164-0975
www.health.state.mn.us/hepatitis
651-201-5511