



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**



DIVISION OF PUBLIC HEALTH SERVICES

**Perinatal Hepatitis B Prevention Program
Infant Information Report Form**

Positive hepatitis B surface antigen in a pregnant woman is reportable to the New Hampshire Department of Health and Human Services by NH statute (RSA 141-C). The Perinatal Hepatitis B Prevention Program follows up on these reports to ensure that the infants of these women receive the recommended hepatitis B vaccination and post-vaccination serology.

Delivery Hospital: _____ **Date sent:** _____

Form completed by (please print): _____ **Phone:** _____

MOTHER'S INFORMATION		HBsAg (+) test date: _____
Last name: _____		First name: _____
DOB: _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Islander <input type="checkbox"/> Native Am/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Address: _____		
City/town: _____		State: _____ Zip: _____
Prenatal health care provider (please print) _____		
Phone _____		

INFANT'S INFORMATION	
Last name: _____ First name: _____	
Delivery date: _____	Delivery time: _____
Infant's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth wt: _____
HBIG (hepatitis B immune globulin):	Date given: _____ Time given: _____
Hepatitis B vaccine:	Date given: _____ Time given: _____
Pediatrician (please print) _____	
Phone _____	

Please report to Perinatal Hepatitis B Prevention Program:

Fax: (603) 271-3850
 Mail: NH Department of Health & Human Services/DPHS
 Perinatal Hepatitis B Prevention Program
 Attn: Cindy Watts, RN
 29 Hazen Drive
 Concord, NH 03301 Phone: (603) 271-2130