DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

MONTANA PERINATAL HEPATITIS B PREVENTION PROGRAM
CONTACT INVESTIGATION AND TREATMENT

For Susceptible Household, Sexual, and Needle Sharing Contacts of HBsAg Pregnant Women

Send Completed Form to MT PHBPP Coordinator Via Secure File Transfer or Fax 1-800-616-7460

Positive HBsAg Maternal Case Information

Last Name: _____ **First Name:** _____ **DOB:** _____ **MIDIS ID:** _____

County: _____ **Investigation Start Date:** _____

Contact Name Relation to Case *	DOB	HBIG Date Given	Hepatitis B Vaccination Date Given			Serology		Investigation Completed
			Dose #1	Dose #2	Dose #3	HBsAg	Anti-HBs	
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐

***Relation to case**: **S** (Sexual Contact within last 14 days), **C** (child), **N** (needle sharing partner), **H** (current household contact).

PAGE TWO, IF NEEDED FOR ADDITIONAL CONTACTS

Positive HBsAg Maternal Case Information

Last Name: _____ **First Name:** _____ **DOB:** _____ **MIDIS ID:** _____

County: _____ **Investigation Start Date:** _____

Contact Name Relation to Case *	DOB	HBIG Date Given	Hepatitis B Vaccination Date Given			Serology		Investigation Completed
			Dose #1	Dose #2	Dose #3	HBsAg	Anti-HBs	
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐
_____ *____						Date: _____ Result: _____	Date: _____ Result: _____	☐

***Relation to case**: **S** (Sexual Contact within last 14 days), **C** (child), **N** (needle sharing partner), **H** (current household contact).