



## MONTANA PERINATAL HEPATITIS B PREVENTION PROGRAM INFANT REPORT

Send A Copy of This Form After Administration of Each Dose of Hepatitis B Vaccine, and Final Lab Results to The Local Health Department

**Must be Sent Via Confidential Fax or Other Secure Method**

Local Health Department Contact Information				
Local Health Department Name: _____				
Local Perinatal Hepatitis B Prevention Coordinator Name : _____				
Coordinator Phone Number: _____ Confidential Fax Number: _____				
Mother's Information				
Last Name: _____	First Name: _____	MI: _____ DOB: _____		
Infant's Information				
Last Name: _____	First Name: _____	MI: _____ DOB: _____		
Infant Birth Weight: _____	Grams	Lbs./Oz		
Insurance Status:	Private	Public	Uninsured	Unknown
Health Care Provider Information				
Healthcare Provider Name: _____				
Phone Number: _____ Fax: _____				
Hepatitis B Vaccination & Hepatitis B immune globulin (HBIG)				
		Date Administered		
HBIG				
Hepatitis B Vaccine Dose #1				
Hepatitis B Vaccine Dose #2				
Hepatitis B Vaccine Dose #3				
Hepatitis B Vaccine Dose #4 (if needed)				
Hepatitis B Lab Results				
Blood should be drawn no sooner than 9 months of age <b>and</b> 1 2 months after the last dose (dose 3 or 4) of Hepatitis B vaccine (generally at the next well child visit). Lab work should be completed by 15 18 months of age.				
Laboratory Test		Date	Result	
Hepatitis B Surface Antigen (HBsAg)				
Hepatitis B Surface Antibody (anti-HBs) (quantitative)				

Requirement to Track Hepatitis B Vaccination and Lab Result Status for Infants Born to HBsAg Positive Mothers per Administrative Rules of Montana 37.114.540