



## 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 and 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