MDH Use Only
Record Number

Perinatal Hepatitis B Birth Report

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

Fax completed form to: (651) 201-5502
Perinatal Hepatitis B Coordinator
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975

Person Completing: _____

Phone: (_____) _____

Date Faxed:_____ / _____ / _____

For women known to be HBsAg Positive:

Administer **hepatitis B immune globulin (HBIG**) and **hepatitis B** vaccine, within **12 hours** of birth, to all infants born to hepatitis B positive mothers.

Name of hospital: _____

Mother's hospital record no: _____

Mother's information		HBsAg(+) Test date: / /
Last name:		First name:
Address:		Phone: ( )
City:	Zip code:	Alternate phone (i.e. relative): ( )
Physician's name:		Clinic name:
Mother's date of birth: / /		Clinic phone: ( )
Race: ☐ Asian/Pacific Islander ☐ Unknown ☐ American Indian ☐ White ☐ Black ☐ Other _____		Ethnicity: ☐ Hispanic ☐ Other (specify): ☐ Somali _____

Client hepatitis treatment:

Monitored by physician for HepB? ☐ Yes ☐ No ☐ Unknown

Treated for HepB during this pregnancy? ☐ Yes If yes, treatment start date: / / ☐ No ☐ Unknown

Anti-viral treatment brand/dose: _____

Infant's Information		**Infant's hospital record no.**	
Last name:		First:	
Date of birth: / /	Time of birth: AM PM	Birthweight:	Sex: M F
Date of HBV1: / /	Time of HBV1: AM PM	Date of HBIG: / /	Time of HBIG: AM PM
Brand: ☐ Engerix ☐ Recombivax			
Important! Clinic where infant will receive HBV2:		City of Clinic:	
Infant's physician (Include phone if known):			
Infants insurance: ☐ Private ☐ Medicaid ☐ Uninsured ☐ Unknown			

Perinatal Hepatitis B Prevention Program
P.O. Box 64975
St. Paul, MN 55164-0975
www.health.state.mn.us/hepatitis
651-201-5557