



Perinatal Hepatitis B Household Contact Follow-up Report

Date: ___/___/___ *Tennessee Warning* _____ (Initials)
 Mother's First Name _____ Last Name _____ Mother's DOB: ___/___/___ Legacy ID: _____
 Submitted by (name): _____ Agency: _____ Date completed: ___/___/___

First name: _____ **Last name:** _____ **DOB:** ___/___/___ **Gender:** _____
Street Address: _____ **City:** _____ **Zip:** _____ Same as Mother
Contact Type: Sexual Contact Biological child (<6 years old) Non-biological child (<6 years old) Needle-sharing contact

Race: American Indian/Alaskan Native Asian Black African American
 Native Hawaiian Pacific Islander White Other Unknown
Ethnicity: Hispanic Non-Hispanic Unknown
Country of birth: _____

Primary Contact

| Pre-vaccination Testing | Immunization: 1 st Series | Post-vaccination Testing | Immunization: 2 nd Series (non-responders only) | Post-vaccination (2 nd) Testing |
|----------------------------|--------------------------------------|----------------------------|--|---|
| Refused?: _____ | Refused?: _____ | Refused?: _____ | Refused?: _____ | Refused?: _____ |
| HBsAg date: ___/___/___ | HBIG date: ___/___/___ | HBsAg date: ___/___/___ | Refused?: _____ | HBsAg date: ___/___/___ |
| HBsAg Result: _____ | HBV1 date: ___/___/___ | HBsAg Result: _____ | HBV1 date: ___/___/___ | HBsAg Result: _____ |
| Anti-HBs date: ___/___/___ | HBV2 date: ___/___/___ | Anti-HBs date: ___/___/___ | HBV2 date: ___/___/___ | Anti-HBs date: ___/___/___ |
| Anti-HBs result: _____ | HBV3 date: ___/___/___ | Anti-HBs result: _____ | HBV3 date: ___/___/___ | Anti-HBs result: _____ |
| Anti-HBc date: ___/___/___ | HBV4 date: ___/___/___ | Anti-HBc date: ___/___/___ | | Anti-HBc date: ___/___/___ |
| Anti-HBc result: _____ | | Anti-HBc result: _____ | | Anti-HBc result: _____ |

Other Household Contacts

| | |
|---|--|
| Name: _____ DOB: ___/___/___ Gender: _____ Relationship to index: _____ | <input type="checkbox"/> Recommendation <input type="checkbox"/> Sent resources |
| Name: _____ DOB: ___/___/___ Gender: _____ Relationship to index: _____ | <input type="checkbox"/> Recommendation <input type="checkbox"/> Sent resources |
| Name: _____ DOB: ___/___/___ Gender: _____ Relationship to index: _____ | <input type="checkbox"/> Recommendation <input type="checkbox"/> Sent resources |
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Comments: