(8/4/14)

Perinatal Hepatitis B Household Contact Follow-up Report
Primary Contacts

Date: ___/___/_____ ☐ *Tennessen Warning* _____ (Initials)

Mother's First Name _____ Last Name _____ Mother's DOB: ___/___/_____ Legacy ID: _____

Submitted by (name): _____ Agency: _____ Date completed: ___/___/_____

Primary Contact

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: _____

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

Primary Contact

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: _____

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

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