



Perinatal Hepatitis B Birth Report

Birthing facilities should use this form to report Perinatal Hepatitis B births to the NMDOH PHBPP. Include a copy of any lab results. **Fax Completed Form to: ATTN: PHBPP Coordinator** **Date Faxed:**
505-827-1741

**For infants born to HBsAg-positive pregnant persons:
Administer Hepatitis B Immune Globulin (HBIG) and Hepatitis B Vaccine within 12 hours of birth.**

Name of Birthing Facility

Person Completing Form Phone

Birthing Parent's Information

Last Name First Name MI

Date of Birth Medical Record Number

Address

City Zip County

Cell Phone Home Phone

Ethnicity Hispanic Non-Hispanic Other

Race	American Indian/Alaska Native	Asian	Black
	Native Hawaiian/Pacific Islander	White	Unknown
	Other		

HBsAG Test Reactive (+) Unknown Pending Date

Antiviral Therapy This Pregnancy No Yes Unknown

Prenatal Care This Pregnancy No Yes Provider

Infant's Information

Infant's Last Name Infant's First Name

Infant's DOB Time of Birth Birth Weight (g)

Sex Assigned at Birth Female Male Transfer No Yes

Hep B Vaccine Date Given Time Given Mfg/Lot #

HBIG Date Given Time Given Mfg/Lot #

Follow-Up Pediatrician

Follow-Up Pediatrician Phone #

Infant's CHIP Medicaid Private Indian Health Services

Insurance Unknown Uninsured Other

In accordance with the Health Insurance & Accountability Act (HIPAA) Privacy Rule (45CFR 164.512(b)) "covered entities are permitted to disclose public health information, without authorization, to public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability." All responses remain confidential.