



# Infant Summary Report for Perinatal Hepatitis B Prevention

## Infant's Information:

Enrollment Date: \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy

ID#: \_\_\_/\_\_\_/\_\_\_/\_\_\_  
yr / county/mother/hh#

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F

Mother First Name: \_\_\_\_\_ Mother Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ Medicaid#: \_\_\_\_\_ SSN: \_\_\_\_\_

Race / Ethnicity: \_\_\_\_\_ / \_\_\_\_\_ Delivery Hospital: \_\_\_\_\_

Alternate Contact Information: \_\_\_\_\_

## Infant's Provider Information:

Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## HBIG and Hepatitis B vaccine Record-Series 1:

Biological	Date	Dose	Formulation	Manufacturer	Lot Number	Provider (Doctor/Clinic)
HBIG						
1 <sup>st</sup> Hep B dose						
2 <sup>nd</sup> Hep B dose						
3 <sup>rd</sup> Hep B dose						

## Results of Post Vaccine Serology-Series 1:

Type of Test	Test Date	Result	Reporter (Lab)	Provider (Doctor/Clinic)
HBsAg				
Anti-HBs				
Anti-HBc				

## Hepatitis B Vaccine Record-Series 2:

Biological	Date	Dose	Formulation	Manufacturer	Lot Number	Provider (Doctor/Clinic)
4 <sup>th</sup> Hep B dose						
5 <sup>th</sup> Hep B dose						
6 <sup>th</sup> Hep B dose						

## Results of Post-Vaccine Serology-Series 2:

Type of Test	Test Date	Result	Reporter (Lab)	Provider (Doctor/Clinic)
HBsAg				
Anti-HBs				
Anti-HBc				

## Infant's Closure Information:

Date case closed: \_\_\_\_\_ Reason closed: \_\_\_\_\_ Status: \_\_\_\_\_