COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
Immunization Program
Perinatal Hepatitis B Prevention Unit
(PHBPU)
3530 Wilshire Blvd., Suite 700
Los Angeles, CA 90010
(213) 351-7400 ✧ Fax: (213) 351-2781

HOSPITAL REPORT

FOR FOLLOW-UP OF INFANT(S) BORN TO HBsAg+ MOTHERS OR UNKNOWN MOTHERS

☞ Please fax this report, mother's hepatitis B surface antigen (HBsAg) laboratory report & an admission face sheet to 213-351-2781 within **24 hours** of birth. Please call (213) 351-7400 if you have any questions.

MOTHER'S INFORMATION

Mother's Last Name	First Name	Middle Name
Medical Record Number	DOB	Ethnicity / Race
Address: Number, Street	Apt./Unit Number	Mother's Preferred Language
City/ Town	State / Zip Code	
Phone Numbers Home ( ) Work ( ) Cell ( )		
Insurance: (√ one) ☐ No Insurance ☐ Medi-Cal ☐ Private ☐ Unknown		

Type of Test	Test Date	Positive	Pending	Not Done	Negative *
HBsAg (Hep B surface antigen)					
HBeAg (Hep B e antigen)					

Obstetrician's Name	Phone #	Fax #

INFANT'S INFORMATION

Infant Name	Sex	Date of Birth	Time	Birth Weight
1.		/ /		
2.		/ /		

GIVE HEPATITIS B IMMUNEGLOBULIN (HBIG) & HEPATITIS B VACCINE TO INFANT WITHIN 12 HOURS OF BIRTH

Immunoprophylaxis	Date	Time	Vaccine Status Information
HBIG 0.5ml	/ /		☐ Not Given (specify):
Hep B Vaccine #1	/ /		**Please check vaccine given:** ☐ Engerix-B (GSK) 0.5ml (10mcg) ☐ Recombivax-HB (Merck) 0.5ml (5mcg) ☐ Not Given (specify) :

Name of Pediatrician to Care For Infant After Discharge:	Phone #	Fax #

Delivery Hospital:	Please Print Name of Reporting Person:	Signature:
Date Form Completed:	Phone Number:	

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(Revised 11/3/11)