Louisiana Department of Health and Hospitals
Office of Public Health
PERINATAL HEPATITIS B SURVEILLANCE FORM

DATE OF REPORT: ____/____/____

SECTION I: PRENATAL CARE
PART A: MOTHER INFORMATION **CASE#** _____

1. Last Name _____ 2. First Name: _____
3. Address _____ 4. Address #2 _____
4. City _____ 5. Zip _____ 6. Parish _____
7. Phone _____ Alternate phone: _____
8. Age _____ 9. Date of Birth _____/____/____ 10: Primary Language _____
11. Race (check): ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Other _____
12. Ethnicity: ☐ Hispanic ☐ Non-Hispanic

PART B: MEDICAL INFORMATION (Mother)

1. Prenatal Care Received? ☐ Yes ☐ No
1. Health Insurance Status: ☐ Medicaid ☐ Private Insurance ☐ Other _____
2. Name of Prenatal Care Provider: _____
3. Clinic address: _____ Clinic Phone: _____
4. Clinic City: _____ Clinic Fax/email address: _____
5. Collection Date of Hepatitis B Labwork: Date _____/_____/_____ Date 2 _____/_____/_____

   HBsAg test result (during this pregnancy) Pos Neg

   PLEASE ATTACH A COPY OF THE PATIENT'S HEPATITIS B LAB RESULTS WITH THIS REPORT
6. Expected Date of Delivery: _____/_____/_____
7. Expected Hospital of Delivery: _____

SECTION II: DELIVERY HOSPITAL CARE
Part A: Mother Information

1. Pregnancy Outcome: ☐ Live birth ☐ Stillborn ☐ Miscarriage ☐ Pregnancy Terminated
2. Hospital of delivery _____

Part B: Infant Information

1. Last Name _____ 2. First Name: _____
2. Date of Birth _____/_____/_____ 4. Birth Time _____/_____ am/pm (*circle*) 5. Birth Weight _____
6. Health Insurance Status at Birth: ☐ Medicaid ☐ Private ☐ Other _____
7. Sex: ☐ Female ☐ Male
8. Date HBIG Administered: _____/_____/____ 9. Time HBIG Given: _____/_____ am/pm (*circle*)
10. 1st Dose Hep B vaccine date: ___/___/___ Time 1st HBV dose: _____/_____ am/pm (*circle*)
11. Name of Pediatrician: _____ Clinic Phone: _____
12. Pediatrician Address: _____ Clinic fax/email address: _____

Please fax or mail form to:

Louisiana Department of Health and Hospitals
Office of Public Health – Immunization Program
Attn: Perinatal Hepatitis B Program
1450 Poydras St.; Ste 1938
PH: (504) 568-2600 FAX: (844) 904-0929