Maryland Perinatal Hepatitis B Prevention Program

Date Lab Report Received:

Date Case Opened:

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Mother's Demographic Information

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Name:	DOB: / /					
Address:		Home: () -				
		Work: () -				
City: County:	Zip:	Race: Uhite Black Asian/Pacific Islander Hispanic Native American Other				
Occupation		Country of birth:	Language:			
EDC: / /	Hospital	Translator/Contact:				
OB:	Phone: () -	Phone: () -				

Mother's Hepatitis B Status

Date:	/	/	HBsAg	HBeAg	anti-HBcIgM	anti-HBc	Lab
Date:	/	/	HBsAg	HBeAg	anti-HBcIgM	anti-HBc	Lab

Infant's Demographic Information and Vaccination Record

Name:				Pediatrician:			Phone:	
Sex: DOB: /			/	Address:				
Date given:	HBIG:	/	/	HepB#1	: / /	HepB#2: / /	Hej	pB#3: / /
Administrator								
Post Vax Serology : / /	HBsAg:			Anti-H	Bs:		Lał):

Household and Sexual Contacts

Name	Age	Relation To Mother	HBsAg	HBsAb	IgM-HBcAb	anti HBc	Status