



Montana Perinatal Hepatitis B Prevention Program

Infant Report

Please use this form to follow and track required hepatitis B vaccinations and lab work required for infants born to a HBsAg positive mother per Administrative Rules of Montana 37.114.540

Reporting Process			
Please fax a copy of this form after administration of <u>each</u> dose of vaccine and a copy of the final lab results to:			
Local County Health Department (contact information)			
Infant Information			
_____	_____	_____	____/____/____
Infant Last Name	First Name	MI	Date of Birth
_____	_____	_____	____/____/____
Mother's Last Name	First name	MI	Date of Birth
_____	_____	_____	_____
Healthcare Provider Name	Phone	Fax	
Medical Information			
Infant Birth Weight: _____ gms/ _____ pounds			
Insurance Status: : <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Uninsured <input type="checkbox"/> Unknown			
<ul style="list-style-type: none"> • Hepatitis B vaccine dose #1 date: _____ HBIG date: _____ • Hepatitis B vaccine dose #2 date: _____ • Hepatitis B vaccine dose #3 date: _____ • Hepatitis B vaccine dose #4 (if needed) date: _____ • Lab work: blood should be drawn no sooner than 9 months of age and 1-2 months after the last dose (dose 3 or 4) of Hepatitis B vaccine (generally at the next well-child visit). The lab work should be completed by 15-18 months of age. Both of the following tests need to be run: <ul style="list-style-type: none"> • Hepatitis B Surface Antigen (HBsAg) Date and results: _____ • Hepatitis B Surface Antibody (anti-HBs) (quantitative) Date and result: _____ 			