



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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 Commissioner

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Perinatal Hepatitis B Prevention Program
Infant Information Report Form

Positive hepatitis B surface antigen in a pregnant woman is reportable to the NH Department of Health and Human Services by NH statute (RSA 141-C). The Perinatal Hepatitis B Prevention Program goal is to ensure that the infants of these women receive the recommended post exposure prophylaxis, complete the hepatitis B vaccination series, and have post-vaccination serology.

Birth Hospital: _____ **Report Date:** _____

Form completed by (please print): _____ **Phone:** _____

MOTHER'S INFORMATION	HBsAg (+) test date: _____
Last name: _____	First name: _____
DOB: _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific <input type="checkbox"/> Other <input type="checkbox"/> Unknown
	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Address: _____	
City/town: _____	State: _____ Zip: _____
Prenatal health care provider (please print) _____	
Phone _____	

INFANT'S INFORMATION	
Last name: _____	First name: _____
Delivery date: _____	Delivery time: _____
Infant's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth wt: _____
HBIG (hepatitis B immune globulin):	Date given: _____ Time given: _____
Hepatitis B vaccine:	Date given: _____ Time given: _____
Pediatrician (please print) _____	
Phone _____	

Send report to Perinatal Hepatitis B Prevention Program

Fax: (603) 271-3850 Phone: (603) 271- 4482
 Mail: NH Department of Health & Human Services/DPHS
 Attn: Perinatal Hepatitis B Prevention Program (PHBPP) Coordinator
 Perinatal Hepatitis B Prevention Program, 29 Hazen Dr., Concord, NH 03301

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