



Michelle Lujan Grisham
Governor

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New Mexico Department of Health

Perinatal Hepatitis B Birth Report

Birthing facilities should use this form to report Perinatal Hepatitis B births to the NMDOH PHBPP. Include a copy of any lab results. **Fax Completed Form to: ATTN: PHBPP Coordinator** **Date Faxed:**
505-827-1741

**For infants born to HBsAg-positive pregnant persons:
Administer Hepatitis B Immune Globulin (HBIG) and Hepatitis B Vaccine within 12 hours of birth.**

Name of Birthing Facility

Person Completing Form	Phone
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Birthing Parent's Information

Last Name	First Name	MI
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Date of Birth	Medical Record Number
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Address

City	Zip	County
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Cell Phone	Home Phone
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Ethnicity	Hispanic	Non-Hispanic	Other
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Race	American Indian/Alaska Native	Asian	Black
	Native Hawaiian/Pacific Islander	White	Unknown
	Other		

HBsAG Test	Reactive (+)	Unknown	Pending	Date
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Antiviral Therapy This Pregnancy	No	Yes	Unknown
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Prenatal Care This Pregnancy	No	Yes	Provider
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Infant's Information

Infant's Last Name	Infant's First Name
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Infant's DOB	Time of Birth	Birth Weight (g)
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Sex Assigned at Birth	Female	Male	Transfer	No	Yes
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Hep B Vaccine	Date Given	Time Given	Mfg/Lot #
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HBIG	Date Given	Time Given	Mfg/Lot #
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Follow-Up Pediatrician

Follow-Up Pediatrician Phone #

Infant's Insurance	CHIP	Medicaid	Private	Indian Health Services
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Insurance	Unknown	Uninsured	Other
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In accordance with the Health Insurance & Accountability Act (HIPAA) Privacy Rule (45CFR 164.512(b)) "covered entities are permitted to disclose public health information, without authorization, to public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability." All responses remain confidential.