

## Hepatitis B Vaccine and HBIG Reporting Form for High-Risk Infants

## Client Information (please print clearly):

Infant's Name:	Infant's DOB:			
Time of Birth:	Birth Weight:	Sex:		
Infant's Physician:	<del> </del>	HC	#:	
Mother's Name:	Mother's DOB:			
Mother's Physician:		<del> </del>	_	
	Partner's DOB:			
Post-Exposure Prophylaxis Reporting				
Reason HBIG and/or Hep B Vaccine	given:			
☐ Mother Hep B positive	□ Partner Hep B positive			
☐ Mother's Hep B status unknown	·			
□ Mother at risk for Hep B exposure □ Other, specify:				
HBIG and Hep B Vaccine Administra Hepatitis B Immune Globulin (HBIG)		dose Hep B vacci		
Hepatitis B Vaccine - #1 dose				
Hepatitis B Vaccine - #2 dose				
Hepatitis B Vaccine - #3 dose				
Hepatitis B Vaccine - #4 dose (infants weighing <2000g adhere to alternate dosing interval schedule)				
	Vaccine/Product, dose, route	Lot #	Date/Time	Signature
Post-immunization Serology Reporting  Hep B Titre Results: (Complete 1 to 4 months after		conducted prior to	o 9 months of age)	
HBsAg	more dose of vaccine, resumg <u>nov</u> to be		o y monus of age)	
anti-HBs				
_	Date of collection/order	Result (detected/not detected)		Signature

Please fax this form within 24 hours of baby's birth and after each vaccine administration to:

Wellington-Dufferin-Guelph Public Health Infectious Diseases Fax # 1-855-934-5463

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext. 4339.