



# Georgia Department of Public Health

## Perinatal Hepatitis B Exposure Report Form

Perinatal Hepatitis B Virus (HBV) Exposure is a reportable condition in Georgia. All Georgia physicians, laboratories and other health care providers are required by law (O.C.G.A. § 31-12-2) to report patients within 7 days.

### PERINATAL HBV-EXPOSED INFANT'S INFORMATION:

First Name:  Last Name:

Date of Birth:  Gender:  Medical Record Number:

### POST-EXPOSURE PROPHYLAXIS INFORMATION:

**Hepatitis B Vaccine**

Administration Date:  Administration Time:  Brand Name:

**Hepatitis B Immune Globulin (HBIG)**

Administration Date:  Administration Time:  Brand Name:

### MOTHER'S INFORMATION: Safe Haven Newborn (Mother's information is not available)

First Name:  Last Name:

Date of Birth:  Medical Record Number:

Street Address:  City:

State:  Zip Code:  Phone Number:

HBsAg Date:  Result:

### REPORTER'S INFORMATION:

Hospital/Facility Name:  Date of Report:

Reporter's Name:  Reporter's Phone Number:

Comments:

**Fax completed form to (404) 657-6871**