



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) 657-2608