

Massachusetts Department of Public Health Bureau of Infectious Disease and Laboratory Sciences

305 South Street, Room 563, Jamaica Plain, MA 02130 Phone: 617-983-6800 Confidential Fax: 617-983-6220

Received in Surveillance:					

Hepatitis B Infected P	regnant Woman Reporting Fo	Confidential Case Report			
Last Name:	First Name:	Middle Name:			
Date of Birth: (mm/dd/yyyy) Estimated Delivery Date: (mm/dd/yyyy) Patient aware of HepB+ status?					
/ / /	/				
Address:	City:	State: Zip:			
Phone Number: Type of Insurance:					
(
Race:	Hispanic:				
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African Am. ☐ Yes ☐ No ☐ Unk ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unk ☐ Other					
Country of Birth:					
	Check if Interprete	r Needed: ☐			
	LABORATORY INFORMATION				
Laboratory Results: Check off below any POSITIVE labs and attach positive Hep B lab results					
☐ HBsAg (Hep B surface antigen) ☐ HBeAg (Hep Be antigen)					
☐ IgM anti-HBc (IgM antibody to Hep B core antigen) ☐ HBV DNA (Hep B virus DNA)					
	CLINICAL INFORMATION				
OB Provider Last Name:	OB Provider First Name:	Provider Type			
		☐ MD/DO			
Expected Delivery Facility:		☐ CNM/NP			
		□PA			
Reporting Health Care Facility:					
Address	Oitu.	Chahar 7im			
Address:	City:	State: Zip:			
Contact Person at Reporting Facility:					
Direct Phone: Date Form Completed:					
(☐ Positive Labs Attached			

