Hepatitis B – Prophylaxis Record Sheet for Infants

Manitoba
Health and Healthy Living

Note to physician/nursing staff delivering infant:
After the first injection of HBV vaccine, please complete and return this sheet to the Regional Public Health or First Nations Inuit Health office of the parent/guardian's region of residence. Regional health authority contact information is available at: **www.gov.mb.ca/health/publichealth/offices.html**

MOTHER INFORMATION

Name _____ _____ _____
Last Name First Middle

Date of Birth _____ PHIN _____ MH Registration Number _____
dd/mm/yy

Address _____

Postal Code _____ Phone _____

HOSPITAL OF DELIVERY _____

Physician: Name _____

Address _____

FATHER INFORMATION

(Complete only if father is known to be HBsAg Positive)

Name _____ _____ _____
Last Name First Middle

Date of Birth _____ PHIN _____ MH Registration Number _____
dd/mm/yy

Address _____

Postal Code _____ Phone _____

INFANT INFORMATION

Name _____ _____ _____
Last Name First Middle

Date of Birth _____ Sex _____
dd/mm/yy

Immunization	Date (DD/MM/YY)	Lot Number
HBIG		
HBV Vaccine #1		

Infant's Family Physician or Pediatrician:

Name _____

Address _____

Postal Code _____ Phone _____

If placed for Adoption:

Parent(s) Name(s) _____ Phone _____

Address _____ Postal Code _____

OR

Child and Family Services Social Worker:

Name _____

Address _____ Phone _____