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Physical Address:  
Texas Department of State Health Services  
Perinatal Hepatitis B Prevention Program  
1100 West 49th Street, MC 1939  
Austin, Texas 78756-3199

Mailing Address:  
Texas Department of State Health Services  
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Attn: Perinatal Hepatitis B Prevention Program  
Mail Code 1939  
P.O. Box 149347  
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HEP  
PERINATAL HEPATITIS B  
PREVENTION PROGRAM  
B



**Present this card to your nurse in the hospital's delivery area before the birth of your baby. Ask your nurse to complete the information on this card.**

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Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I had a positive Hepatitis B Surface Antigen (HBsAg) test.

Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

baby's name

\_\_\_\_\_

date of birth

\_\_\_\_\_

birth weight

\_\_\_\_\_

gestational age

My baby needs to receive the following within 12 hours after birth:

Hepatitis B Immune Globulin (HBIG)

date given: \_\_\_\_\_ administered by: \_\_\_\_\_

Hepatitis B Vaccine 1st dose

date given: \_\_\_\_\_ administered by: \_\_\_\_\_