

Infant Hepatitis B Prophylaxis Record Referral Form

Note to physician/midwife/nursing staff delivering infant:

After giving the first injection of HB vaccine, please complete and return this form 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 <http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets>

INFANT INFORMATION

Name _____
Last Name First Health Services Number

Date of Birth _____ Sex _____ Birth Weight _____ grams
yyyy/mm/dd

HOSPITAL/SITE OF DELIVERY _____

Physician/midwife Name _____
Address _____

BIRTH MOTHER INFORMATION

Name _____
Last Name First Middle

Date of Birth _____ PHN _____
yyyy/mm/dd

Address _____ Postal Code _____

Phone _____

Immunization	Date (YY/MM/DD)	Lot Number	Panorama entered?
HBIG 0.5 mL IM			
#1 HB 0.5 mL IM			

Infant's Family Physician or Pediatrician:

Name _____
Address _____
Postal Code _____ Phone _____

If placed for Adoption:

Parent(s) Name(s) _____ Phone _____
Address _____

OR

Child and Family Services Social Worker:

Name _____
Address _____ Phone _____

NOTES: _____