

San Francisco Department of Public Health

Communicable Disease Prevention Unit

101 Grove Street, Room 408 San Francisco, CA 94102 Ph: 415-554-2830 Fax 415-554-2579



Gavin Newsom,

REPORTING HBsAg + RESULTS IN PREGNANCY

To download this form visit http://www.sfdcp.org/perinatalhepb.html

Patient's Home Address: San Francisco, 941xx

CONFIDENTIAL

Title 17, Section 2500 of the California Code of Regulations requires that medical providers report to the San Francisco Department of Public Health, Perinatal Hep B Program all cases of HBsAg positive women who reside in San Francisco and are pregnant, as soon as their status is known. A new report is required for each pregnancy.

TO: SFDPH Perinatal Hepatitis B Program
Attn: Ligia Afu-Li, Coordinator
Phone: (415) 554-2834
Fax: (415) 554-2579
From: Medical Provider
Fax:
Phone: Date:
No cover sheet necessary

Last Name First Name Middle Name

DOB Medical Record #

Yes, HBsAg test positive confirmed. Test date Name of laboratory

Yes, pregnant, EDD Delivery hospital SF CPMC UCSF Other specify

Or Yes, pregnant, on date of the HBsAg test, but later had miscarriage/abortion

Yes, home address San Francisco 941xx. Address Apt # SF 941

(415) Phone (Home) Phone (Work) Phone (Cellular) Social Security #

Country of birth China USA Other Language(s):

Race Asian Pacific Islander White Black
Chinese Vietnamese Other (specify)

Hispanic Yes No

Prenatal care payment Private insurance Medi-Cal Other (specify)

Individual consent is exempted for release of this information to the Health Department (For verification, visit the HIPAA website of the Office for Civil Rights, http://www.hhs.gov/ocr/hipaa/).