

SECTION I: MOTHER'S INFORMATION

| | | | | |
|---|-------|--|----------------|--------------------------------|
| MOTHER'S NAME LAST FIRST MAIDEN | | | | MOTHER'S DATE OF BIRTH |
| STREET ADDRESS | | | | MOTHER'S HOME TELEPHONE () |
| CITY | STATE | ZIP | COUNTY | WORK OR MESSAGE NUMBER () |
| INFANT'S RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Specify) | | | | |
| INFANT'S INSURANCE ELIGIBILITY <input type="checkbox"/> MEDICAID ELIGIBLE <input type="checkbox"/> UNINSURED <input type="checkbox"/> UNDERINSURED <input type="checkbox"/> INSURED | | | | |
| I have received a copy and have read or have had read to me the information contained in the "Hepatitis B Vaccine: What You Need to Know" information sheet, dated 2/12. I have had the chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of Hepatitis B Vaccine and Hepatitis B Immune Globulin and request that the vaccine(s) indicated below be given to me or the infant listed below for whom I am authorized to make this request. | | | | |
| Signature of Parent / Guardian | | | Date VIS given | |
| Infant Vaccination | | | | |
| Vaccine | Date | Type of Vaccine and Dosage | Lot Number | Injection Site |
| HBIG | | | | |
| Vaccine Dose 1 | | <input type="checkbox"/> Recombivax 5mcg/0.5cc (MERCK) <input type="checkbox"/> Engerix-B 10mcg/0.5cc (GSK) | | |
| Nurse signature giving vaccine | | | | |

If HBIG given: fill out additional information and fax to Health Department depending on mother's residence.
Tacoma-Pierce Co. Health Dept. at (253) 798-7666 **Seattle & King Co. at (206) 296-4803**

SECTION II: INFANT'S INFORMATION

| | | | | | |
|---|---|---|--------------|------------------------------------|---|
| INFANT'S NAME LAST FIRST MIDDLE | | | | SEX | DATE OF BIRTH |
| GUARDIAN'S NAME (IF OTHER THAN MOTHER) LAST | | | FIRST | TELEPHONE () | |
| STREET ADDRESS | | CITY | STATE | ZIP | COUNTY |
| INFANT'S CARE PROVIDER: NAME | | | | INFANT PROVIDER'S TELEPHONE () | |
| STREET ADDRESS | | CITY | STATE | ZIP | COUNTY |
| MOTHER'S RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Specify) | | | | | |
| MOTHER'S PRIMARY LANGUAGE SPOKEN | | MOTHER'S COUNTRY OF BIRTH <input type="checkbox"/> US <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> Laos <input type="checkbox"/> Pacific Islands <input type="checkbox"/> Russia <input type="checkbox"/> Somalia <input type="checkbox"/> Vietnam <input type="checkbox"/> OTHER (Specify) | | | |
| DATE OF HBsAG | ADMINISTERED BY HEALTH DEPT <input type="checkbox"/> YES <input type="checkbox"/> NO | PAYMENT SOURCE INSURANCE MEDICAID NONE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Specify) | | | |
| HBsAG RESULTS <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown/Untested | | ANTI-HBs RESULTS <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown/Untested | | | |
| MATERNAL RISK FACTORS <input type="checkbox"/> HX High Risk Partner | | Refugee/Immigrant <input type="checkbox"/> Other (Specify) | HX Drug Use | MOTHER'S GRAVIDA | MOTHER'S PARA |
| EDC (DATE) | MOTHER'S HEALTH CARE PROVIDER: NAME | | | HOSPITAL | |
| HOSPITAL ADDRESS | | CITY | STATE | ZIP | HOSPITAL TELEPHONE |
| <input type="checkbox"/> St. Joseph Medical Center 1717 So. J St. | | Tacoma, | WA | 98405 | (253) 426-4100 |
| <input type="checkbox"/> St. Elizabeth Hospital, 1455 Battersby Ave. | | Enumclaw | WA | 98022 | (360) 802-8800 |
| <input type="checkbox"/> St. Francis Hospital, 34515 Ninth Ave. S. | | Federal Way, | WA | 98003 | (253) 835-8100 (King County) (253) 944-8100 (Pierce County) |

Franciscan Health System

St. Joseph Medical Center, Tacoma, WA
 St. Francis Hospital, Federal Way, WA
 St. Clare Hospital, Lakewood, WA
 St. Elizabeth Hospital, Enumclaw, WA
 St. Anthony Hospital, Gig Harbor, WA

**CONSENT FORM HEPATITIS B
 FAMILY BIRTH CENTER**



596558