



Form for CHILD HEALTH INFORMATION SYSTEMS (SIRS) AND PUBLIC HEALTH

BABIES AT RISK OF HEPATITIS B : POST NATAL NOTIFICATIONS

This form must be completed and sent or emailed to Child Health and Public Health to ensure baby is called for subsequent doses of Hepatitis B. Please do not forget to send it.

RIE St. John's OTHER

MOTHER'S DETAILS

SURNAME FORENAME.....

DOB ADDRESS.....
..... POSTCODE

BABY'S DETAILS

SURNAME FORENAME

DOB CHI

HEPATITIS B VACCINE 1ST INJECTION: DATE GIVEN / /

Name of hepatitis B vaccine product given **Engerix B / HepBvaxPRO** (please circle)

HEPATITIS B IMMUNOGLOBULIN (HBIG) NOT INDICATED

(only indicated for specific groups of babies born to infectious hepatitis B positive mothers): **OR DATE GIVEN** / /

REASON FOR HEPATITIS B IMMUNISATION

- Mother is hepatitis B positive
- Another close contact is hepatitis B positive
Name DOB

CONSULTANT HV NAME

GP NAME..... TEL.....

GP ADDRESS Postcode:

Please post or email one copy each of this form to

Child Health Information Systems
SIRS Department
Musselburgh Primary Care Centre
Inveresk Road
Musselburgh EH21 7BP
Email: CHIS.EastMidlothian@nhslothian.scot.nhs
(mark for the attention of Shona Oliver)

Health Protection Team
Public Health Department
NHS Lothian, Waverley Gate
2-4 Waterloo Place, Edinburgh EH1 3EG
Tel 0300 790 6462
Email: health.protection@nhslothian.scot.nhs.uk