

# Prevention of Hepatitis B Transmission in Newborn Babies

**To be completed for every baby when given 1st hepatitis B injection in hospital**

## Baby's detail

First Name(s):	Surname:
Baby to be registered as:	CHI:
Date of Birth:	Sex:
Address (where baby will reside):	
Mother's Name:	Mother's Date of Birth or CHI:
Is Mother the carer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If not, please complete name of carer and relationship to child)	
Name of carer:	Relationship to child:
GP's Name:	HV's Name: (if known)
GP's Address:	

## Record of Vaccination and Immunoglobulin

Drug	Date	Batch Number
Immunoglobulin (if applicable)		
1st dose hepatitis B vaccine		
2nd dose hepatitis B vaccine		

## Why was hepatitis B vaccine given to this baby?

	Please tick box
Mother is a chronic carrier of hepatitis B virus (HBV)	
Mother is <b>NOT</b> a chronic carrier of HBV but another household member <b>IS</b> a chronic carrier of HBV	

Name of hospital:	
Signature:	
Print Full Name:	Date:

\* If identity of carer or discharge address is not known at the time of administration, do not delay sending the form. The baby will be tracked through their CHI number.

**Please complete form and attach to email within 24 hours of vaccine or immunoglobulin administration. Email to [HepB.Screening@ggc.scot.nhs.uk](mailto:HepB.Screening@ggc.scot.nhs.uk)  
Enquiries to Julie Mullin – Screening Dept – 0141 277 7601**