



COMMONWEALTH OF VIRGINIA

Department of Health

P O BOX 2448
RICHMOND, VA 23218

Doctor Karen Shelton
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

VIRGINIA PERINATAL HEPATITIS B PREVENTION PROGRAM

HBsAg Positive Pregnant Woman Reporting Form

1. Patient's Name: _____
 2. Social Security Number: _____
 3. Patient's Address: _____
 4. City or County of Residence: _____
 5. Home Phone: _____ Work Phone: _____
 6. Date of Birth: _____
 7. Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other: _____
 8. Birth Country: _____
 9. Estimated Date of Delivery: _____
 10. Delivery Hospital: _____
 11. Insurance Status (For statistical purposes only):
☐ Private-Include CHIP Programs ☐ Public (Medicaid) ☐ Uninsured ☐ Unknown
 12. Has patient been notified concerning her positive test result? ☐ Yes ☐ No
 13. Additional Information (Language Spoken, etc): _____
- Provider Name *(Please Print)*: _____
- Address: _____
- Phone Number: _____
- Provider Signature: _____

(Please include a copy of the positive lab)

Fax: 804-864-7259 or 804-864-8089