



# PHYSICIAN'S PRENATAL REPORT OF HBsAg-POSITIVE MOTHER

NORTH DAKOTA DEPARTMENT OF HEALTH

SFN 58507 (09-2007)

## CONFIDENTIAL

Please complete the information that applies and **FAX to: 701.328.0355 (Confidential Fax Number)**  
If you have questions, call: 701.328.2335 or toll-free 800.472.2180.

As of **April 1, 2007**, North Dakota Administrative Rules state that pregnancy in a person infected with hepatitis B is a reportable condition.

Mother's Information			
HBsAg(+) Test Date:		Date of Birth:	
Last Name:		First Name:	
Address:		Insurance Status:	
City:	State:	Zip Code:	
Telephone Number:		Alternate Telephone Number:	
Physician's Name:		Clinic Name:	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	
Mother's Country of Origin:		Mother's Preferred Language:	Estimated Due Date:
Household and/or Sexual Contact Information			
Name	Relationship	Address	Phone Number

N.D. Department of Health  
Division of Disease Control  
600 East Boulevard Ave. Dept. 301  
Bismarck, ND 58505-0200  
Telephone Number: 701.328.2335 or toll-free 800.472.2180