



Perinatal Hepatitis B Prevention Program Out-of-State Case Transfer Form

This form is for case transfers out of California.

State of Transfer Information: _____
Name of State

Name of Coordinator _____

E-mail _____ Phone (_____) _____

Fax (_____) _____

Date of Transfer _____ / _____ / _____

California County of Origin Information: _____
Name of County

Name of Coordinator _____

E-mail _____ Phone (_____) _____

Fax (_____) _____

Name of Mother _____ Name of Infant _____

New Contact information _____

Date of Transfer _____ / _____ / _____

Case ID Number _____
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| <p>Instructions:</p> <ul style="list-style-type: none"> • This form is for case transfers out of California. • The County of Origin should keep a copy of this transfer form in their record. • Send completed form to the state Perinatal Hepatitis B Prevention Program. |
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