



Perinatal Hepatitis B Prevention Program

Out-of-State Case Transfer Form

This form is for case transfers out of California.

Please include all labs, progress notes, and vaccination records with this transfer form.

County of Origin Information: _____
Name of County

Name of Coordinator _____

E-mail _____ Phone (_____) _____

Fax (_____) _____

Name of Mother _____ Name of Infant _____

Date Transfer was Sent ____ / ____ / ____

California Case ID Number _____
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State of Transfer Information: _____
Name of State

Name of Coordinator _____

E-mail _____ Phone (_____) _____

Fax (_____) _____

Date transfer was received ____ / ____ / ____

Mother's Address/Contact information _____

Instructions:

- 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.