

Neonatal Abstinence Syndrome and Perinatal Hepatitis B and C Surveillance Biweekly Case Log

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH
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Reporting Facility Name:

Dates:

Name of Reporter:

NO CASES (Please check here if there are no cases for the indicated reporting period and return this form by secure fax.)

Child's Information, Drug Testing and Vaccination

Mother's Information and Drug Testing

| Infant MRN | Condition | Contact Information | Results of Child's Drug Screen? | Contact Information | Results of Mother's Drug Screen? | |
|------------|--|---|--|--|---|--|
| | <input type="checkbox"/> NAS <input type="checkbox"/> Perinatal Hep B <input type="checkbox"/> Perinatal Hep C | If NAS; Highest Finnegan score: Date of highest Finnegan score: If Perinatal Hep B exposure; HBIG Date: HBIG Time: Hep B vaccine Date: Hep B vaccine Time: | First Name: Last Name: Date of Birth: Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Marijuana <input type="checkbox"/> Opioids <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Tested | First Name: Last Name: Street Address: Zip Code: Telephone: | <input type="checkbox"/> Marijuana <input type="checkbox"/> Opioids <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Tested |
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