

Newborn Exposure Notification Form

Miami-Dade County Health Department Perinatal

Please send **confidential fax** to: 305-470-5533

Required Reporting Information (per Florida Statute 64D-3.042)

Today's Date: _____

Date of Delivery: _____

Hospital Name (delivery location): _____

MR# Mother: _____

MR# Baby: _____

Physician's Name (baby): _____

Reporter (contact person): _____

Reporter Telephone Number: _____

Reporting Instructions: Please place this form in the baby's medical record and fax to the HIV Perinatal Coordinator by the next business day. Do NOT include patient names. **Medical record numbers are required.** If you have questions, please contact the HIV Perinatal Coordinator at 305-470-5672. This form does NOT eliminate reporting by submitting a complete Pediatric HIV/AIDS Confidential Case Report form. If you need assistance related to HIV/AIDS Surveillance/Reporting, please contact the HIV/AIDS Surveillance Supervisor at 305-470-5631.

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