



# Newborn Exposure Notification Form

Florida Department of Health in Miami-Dade County

Required Reporting Information (Per Florida Statute: 64D-3.042)

Fax: 305-470-5533 | Attn: Queen Holden

Today's Date: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_

Hospital Name (delivery location): \_\_\_\_\_

Medical Record Number (Mother): \_\_\_\_\_

Medical Record Number (Baby): \_\_\_\_\_

Physician's Name (Baby): \_\_\_\_\_

Reporter (name of contact): \_\_\_\_\_

Reporter Telephone: \_\_\_\_\_

Instructions: Within the next business day, please place this form in the baby's medical record and send the confidential fax to the DOH-Miami-Dade HIV Perinatal Coordinator, Queen Holden. Do not include patient names. Medical record numbers are required. If you have questions, please contact the HIV Perinatal Coordinator by phone at 305-470-5672. This form does not eliminate reporting by submitting a complete Perinatal HIV/AIDS Confidential Case Report form to DOH-Miami-Dade HIV/AIDS Surveillance. If you need assistance with reporting, please contact the HIV/AIDS Surveillance Supervisor, Miguelina Cazeau, at 305-470-6988.

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