

Monthly Maternity Report

Required by Nebraska Statutes

Instructions:

1. Forward this report on 1st day of each month following birth
2. All newborn metabolic test result should be forwarded weekly on the Metabolic Screening Report form (blue) to the Division of Maternal and Child Health

Hospital: _____
City: _____
County: _____
For the Month of: 20_____

Submit to:
State of Nebraska
DHSS Finance & Support
Vital Statistics
P O Box 95065
Lincoln, NE 68509-5065

Name of Parents	Address	List Child's Full Name (Including Surname)	Child's Birth Date (mm/dd/yy)	Child's Sex	Weight Of Infant	Attending Physician	Discharge: "Parents", "Parent" otherwise to Whom discharged
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