

Appendix D: Sample Forms

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF LIVE BIRTH

Local File Number _____ State File Number _____

136-

CHILD

1 CHILD—NAME First Middle Last

2 SEX

3a DATE OF BIRTH (Month, Day, Year)

3b TIME OF BIRTH

4a FACILITY—NAME (If not in hospital, or clinic, give address)

4b CITY, TOWN, OR LOCATION OF BIRTH

4c COUNTY OF BIRTH

CERTIFIER

I certify that this child was born alive at the place and time and on the date stated above.

5a SIGNATURE

5b DATE SIGNED (Month, Day, Year)

5c CERTIFIER—NAME AND TITLE (Type or print)

NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)

ATTENDANT MAILING ADDRESS (Street, city or town, state, zip)

DATE FILED BY REGISTRAR

REGISTRAR—SIGNATURE

MOTHER

7a MOTHER—NAME First Middle Last

7b MAIDEN SURNAME

7c DATE OF BIRTH

7d STATE OF BIRTH (If not in U.S.A., name country)

8a RESIDENCE—STATE

8b COUNTY

8c CITY, TOWN, OR LOCATION

8d STREET AND NUMBER

9a INSIDE CITY LIMITS (Yes or no)

9b ZIP CODE

9c MOTHER'S MAILING ADDRESS AND ZIP CODE (If same as above, leave blank)

FATHER

10a FATHER—NAME First Middle Last

10b DATE OF BIRTH

10c STATE OF BIRTH (If not in U.S.A., name country)

INFORMANT

11 I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant)

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. Shall abstract of birth certificate be made available for publication or business contact lists? (Check one) No Yes

13. Social Security Number Requested? No Yes

14. OF HISPANIC ORIGIN? (Specify No or Yes) No Yes

15. RACE—(e.g. White, Black, American Indian, etc.) (Specify below)

16. EDUCATION (Highest grade completed) Elementary or Secondary (9-12) College (13 or 5+)

17. MOTHER MARRIED? (If born, cohabitation, or any time between) (Yes or no) No Yes

18. HAS A CLOSE RELATIVE OF THIS NEWBORN HAD A HEREDITARY HEARING LOSS THAT EXISTED SINCE CHILDHOOD? No Yes

14a Specify No Yes

15a Specify No Yes

16a Specify No Yes

17a Specify No Yes

18a Specify No Yes

19. APGAR SCORE 1 min. 5 min.

20. BIRTH WEIGHT (Specify units)

21. LIVE BIRTHS (Do not include this child) 21a. Now living 21b. Now dead

21c. DATE OF LAST LIVE BIRTH (Month, Year)

21d. OTHER TERMINATIONS (Spontaneous and induced)

21e. DATE OF LAST OTHER TERMINATION (Month, Year)

22. CLINICAL ESTIMATE OF GESTATION (Weeks)

23. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)

24a. PLURALITY—Single, twin, triplet, etc. (Specify)

24b. IF NOT SINGLE BIRTH Born first, second, third, etc. (Specify)

25. MONTH OF PREGNANCY PRENATAL CARE BEGAN First, second, etc. (Specify)

26. PRENATAL VISITS—Total number (If none, so state)

27. SITE - PRENATAL CARE (Check all that apply) Private Clinic/Office, Co. Health Dept., Other Pub. Clinic, Other Site, Private Ins., No Ins., Medicaid (Oregon Health Plan), Other Public Ins.

28. PRIMARY INSURANCE COVERAGE OF THIS DELIVERY (Check all that apply)

29. AT TIME OF THIS REPORT WAS NEWBORN ALIVE? No Yes

30. NEWBORN REQUIRED INTENSIVE CARE? No Yes

31. NEWBORN TRANSFERRED FOR MEDICAL NEED? (If Yes, enter name of facility) No Yes

32. MONTHS MOTHER ON WIC PROGRAM? (0-9)

MOM

DAD

33. MEDICAL FACTORS FOR THIS PREGNANCY (Check all that apply)

01 Anemia (Hct. <30/Hgb <10)

02 Cardiac disease

03 Acute or chronic lung disease

04 Diabetes (Chronic)

05 Diabetes (Gestational)

06 Genital herpes

07 Hydramnios/Oligohydramnios

08 Hemoglobinopathy

09 Hypertension, chronic

10 Hypertension, pregnancy associated

11 Eclampsia

12 Incompetent cervix

13 Previous infant 4000+ grams

14 Previous preterm or small for gestational age infant

15 Renal disease

16 Rh sensitization

17 Uterine bleeding

18 No history available

00 None

19 Other (Specify)

34. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

01 Febrile (>100°F or 38°C)

02 Meconium, moderate/heavy

03 Premature rupture of membrane (>12 hours)

04 Abruptio placentae

05 Placenta Previa

06 Other excessive bleeding

07 Seizures during labor

08 Precipitous labor (<3 hours)

09 Prolonged labor (>20 hours)

10 Dysfunctional labor

11 Breech/Malpresentation

12 Cephalopelvic disproportion

13 Cord prolapse

14 Anesthetic complications

15 Fetal distress

00 None

16 Other (Specify)

35. OTHER FACTORS FOR THIS PREGNANCY (Complete all items)

a. Tobacco use during pregnancy No Yes

b. Average number cigarettes per day

c. Alcohol use during pregnancy No Yes

d. Average number drinks per week

e. Weight gained during pregnancy lbs.

f. History available No Yes

g. Other (Specify)

36. ANTENATAL PROCEDURES (Check all that apply)

01 Amniocentesis

02 Tocoylisis

03 Ultrasound

04 No history available

00 None

05 Other (Specify)

37. INTRAPARTUM PROCEDURES (Check all that apply)

01 Electronic fetal monitoring

02 Induction of labor

03 Stimulation of labor

00 None

04 Other (Specify)

38. CONDITIONS OF THE NEWBORN (Check all that apply)

01 Anemia (Hct. <30/Hgb. <13)

02 Birth injury

03 Fetal alcohol syndrome

04 Hyaline membrane disease/RDS

05 Meconium aspiration syndrome

06 Assisted ventilation (<30 min.)

07 Assisted ventilation (>30 min.)

08 Seizures

00 None apparent

09 Other (Specify)

39. METHOD OF DELIVERY (Check all that apply)

01 Vaginal

02 Vaginal birth after previous C-section

03 Primary C-section

04 Repeat C-section

05 Forceps

06 Vacuum

40. CONGENITAL ANOMALIES OF NEWBORN (Check all that apply)

01 Anencephalus

02 Spina bifida/Meningocele

03 Hydrocephalus

04 Microcephalus

05 Other central nervous system anomalies (Specify)

06 Heart malformations

07 Other circulatory/respiratory anomalies (Specify)

08 Rectal atresia/stenosis

09 Tracheo-esophageal fistula/Esophageal atresia

10 Omphalocele/Gastrochisis

11 Other gastrointestinal anomalies (Specify)

12 Malformed genitalia

13 Renal agenesis

14 Other urogenital anomalies (Specify)

15 Cleft lip/palate

16 Polydactyly/Syndactyly/Adactyly

17 Club foot

18 Diaphragmatic hernia

19 Other musculoskeletal/integumental anomalies (Specify)

20 Down Syndrome

21 Other chromosomal anomalies (Specify)

00 None apparent

22 Other (Specify)