# COMMONWEALTH of VIRGINIA

*Department of Health*
P O BOX 2448
RICHMOND, VA 23218

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

Perinatal Case No. _____

## CONTACT RECEIVING HEPATITIS B VACCINE

**_____ received hepatitis B vaccine on the**
**Name of Contact**

**date(s) indicated below:**

**(Please complete as appropriate:)**

**First dose:** _____/_____/_____

**Second dose:** _____/_____/_____

**Third dose:** _____/_____/_____

**Shipping Address:**

**Health Department** _____

**Street Address** _____

**City:** _____ **Zip Code:** _____

**Please fax to: (804) 864-8089 or (804) 864-7259**

****Replacement VPHBP Program vaccine will be shipped as soon as this form is received.****

VDH VIRGINIA DEPARTMENT OF HEALTH
*Protecting You and Your Environment*
www.vdh.virginia.gov