



COMMONWEALTH of VIRGINIA

Department of Health
PO BOX 2448
RICHMOND, VA 23218

M. NORMAN OLIVER, MD, MA
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 VPHBP Program Manager: (804) 864-8089 or (804) 864-7259

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