



## COMMONWEALTH OF VIRGINIA

*Department of Health*

P O BOX 2448  
RICHMOND, VA 23218

Doctor Karen Shelton  
State Health Commissioner

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

Perinatal Case No.

### **CONTACT RECEIVING HEPATITIS B VACCINE**

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received hepatitis B vaccine on the date(s) indicated below:

**Name of Contact**

**First Dose:**

**Second Dose:**

**Third Dose:**

### **SHIPPING ADDRESS**

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**Health Department:**

**Street Address:**

**City**

**Zip Code**

**Please fax to VPHBP Program Manager: 804-864-7259 or 804-864-8089**

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