



COMMONWEALTH of VIRGINIA

Department of Health
P O BOX 2448
RICHMOND, VA 23218

B. Cameron Webb, MD, JD
State Health Commissioner

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

CONTACT RECEIVING HEPATITIS B VACCINE

Perinatal Case No. _____

Name of Contact: _____

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

First dose: _____

Second dose: _____

Third dose: _____

Shipping Address:

Health Department _____

Street Address _____

City _____ Zip Code _____

Please fax to VPHBP Program Manager: (804) 864-7259

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