

DATE

MOM'S NAME

MOM'S ADDRESS

Dear (Mom's name),

This letter is to tell you that that child's name's blood test was negative.  
This means that your baby is not protected from Hepatitis B.

Your baby will need 3 more hepatitis B shots. After the shots are done, the baby will need another blood test.

Please talk to your baby's doctor about having more shots.

If you have any questions, please call me at (XXX-XXX-XXXX).

Sincerely,

Your Name, RN, PHN

Local Health Department

Perinatal Hepatitis B Prevention Program