

**PERINATAL HEPATITIS B PREVENTION PROGRAM**

Date:

Dear: **Mother's Name:**

Your child (**Infant's name**) is being followed by the Perinatal Hepatitis B Prevention Program because you tested positive for Hepatitis B when you were pregnant. It is very important that **your child gets 3 Hepatitis B shots AND a blood test after the 3 shots** to make sure that the shots worked and that your baby does **NOT** have and **WILL NOT GET Hepatitis B. I stopped by your house today but you were not home.** (**Infant's name**) is in need of:

\_\_\_\_\_ Hepatitis B shot # \_\_\_\_\_

\_\_\_\_\_ Blood Test (to make sure that the shots work  
to make sure that your baby  
does not have Hepatitis B.)

**\*\*\*Please call your Doctor as soon as possible to get the shot or testing done\*\*\***

**\*\*\*This is my last attempt to reach you.\*\*\***

**Please call me with any questions at: . Thank You.**

Sincerely,

Name  
Perinatal Hepatitis B Program  
Health Department