



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Jeffrey H. Coben  
Interim Cabinet Secretary

Bureau for Public Health  
Office of Epidemiology and Prevention Services  
Division of Immunization Services

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Commissioner & State Health Officer

**Perinatal Hepatitis B Prevention: Pediatrician Form**

Date of Report:		County:	
Name of Person Completing Report:			Phone:
Pediatrician:			Phone:
Infant's Name:		Infant's Birth Weight:	
Date of Birth:	Time of Birth:	Sex: Male___ Female___	
Address:			
City, State:		Zip Code:	
Mother's Name:		Mother's Date of Birth:	
Prophylaxis:	Infant's Insurance: __Private __Medicaid __Uninsured __Other		
HBIG Given: _____ Date/Time: _____ Hepatitis B #1 Given: _____ Date/Time: _____			
<b>HBIG and Hepatitis B #1 should be given within 12 hours of birth.</b>			
Delivery Hospital:			Phone:
Hepatitis B #2:	Signature of Person Administering:		
<b>Hepatitis B #2 should be given at 1-2 months of age and at least 4 weeks after dose #1.</b>			
Hepatitis B #3:	Signature of Person Administering:		
Hepatitis B #4:	Signature of Person Administering:		
<b>The final (3<sup>rd</sup> or 4<sup>th</sup>) Hepatitis B dose should be given no earlier than 24 weeks of age and at least 8 weeks after dose #2; and at least 16 weeks after dose #1.</b>			

**Infant Serology**

Infant Serology Completed: Yes___ No___ Unknown___	If Yes, Date:
<small>Serology should be completed between 9-12 months of age (minimum age for testing is 9 months), and 1-2 months after completion of the vaccine series.</small>	
HBsAg: Positive___ Negative___ Incomplete___      Anti-HBs: Positive___ Negative___ Incomplete___	
<b>Please fax a copy of the original lab results with this form.</b>	
<b>PLEASE COMPLETE AND FAX THIS FORM TO:</b>	
<b>Division of Immunization Services</b>	
<b>ATTN: Perinatal Hepatitis B Prevention Coordinator</b>	
<b>Fax: (304) 558-6335</b>	
Complete and fax this document at the patient's first appointment and when new vaccines are administered. The same form may be used throughout the completion of serology. If at any time the patient moves from your practice, please contact the Division of Immunization Services and forward this form to the new provider.	
<small>January 2022</small>	