## **Perinatal Hepatitis B Contact Investigation Form**

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Number:

## **Contact # 1: Demographic Information and Vaccination Record**

Name:						
Address:						
Phone: ( ) -		DOB: / /	Sex:		Type of Con	tact:
Physician's Name:					Physician's	Phone ( ) -
date scheduled	HBIG: /	/ <b>HB vax #1:</b>	/ /	HB vax #	ŧ2: / /	HB vax #3: / /
date scheduled date administered	HBIG: / HBIG: /		/ / / /		#2: / / #2: / /	HB vax #3: / / HB vax #3: / /

## **Contact # 2: Demographic Information and Vaccination Record**

Name:							
Address:							
Phone: ( ) -		DOB	: / /	Sex:		Type of Cont	act:
Physician's Name:	hysician's Name: Physician's Phone ( ) -						Phone ( ) -
date scheduled	HBIG: /	/	HB vax #1:		HB vax	#2: / /	HB vax #3: / /
date administered	HBIG: /	/	HB vax #1:	/ /	HB vax	#2: / /	HB vax #3: / /
Administrator							
Dose/Mfg/Lot#							
Contact # 3: Demographic Information and Vaccination Record							
Name:							
Address:							
Phone: ( ) -		DOB	: / /	Sex:		Type of Cont	act:
Physician's Name: Physician's Phone ( ) -							
date scheduled	HBIG: /	/ HB vax #1: / /		HB vax #2: / /		HB vax #3: / /	
date administered	HBIG: /	/ HB vax #1: / /		HB vax #2: / /		HB vax #3: / /	
Administrator							
Dose/Mfg/Lot#							

Use additional pages as necessary. DHMH, Center for Immunization DHMH - 4388 - A (rev. 11/96)