Pediatric Care Provider Checklist
Infants Born to HBsAg-Positive Mothers

Name of Mother: 

Mother’s Date of Birth: 

Name of Infant: 

Infant’s Date of Birth: 

Chart/ID Number: 

Local health jurisdiction fax number: 

HBIG and hepatitis B vaccine dose #1 recommended within 12 hours of birth

Date given: ____________________

Hepatitis B vaccine dose #2 recommended at 1 month of age

Date given: ____________________

Hepatitis B vaccine dose #3 recommended at 6 months of age

Date given: ____________________

HBsAg and anti-HBs (or HBsAb) test recommended at 9-15 months of age

Date given: ____________________

Results: _______________________

SECOND Hepatitis B vaccine series (if needed) 0, 1, and 6 months intervals

Date Dose # 1 given: _________________
Date Dose # 2 given: _________________
Date Dose # 3 given: _________________

SECOND HBsAg and anti-HBs (or HBsAb) (if needed) 1-2 months after 2nd series

Date given: ____________________

Results: _______________________

Hepatitis B Manual, Perinatal Hepatitis B CoordinatorsDOH 348-165 July 2010
If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).