



PERINATAL HEPATITIS B PREVENTION CHECKLIST
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 58460 (Revised 07-2011)

PLEASE PRINT

Child's Name:	Child's Date of Birth:
Hepatitis B vaccine (HBV) birth dose and Hepatitis B Immune Globulin (HBIG)	
Date given:	
Hepatitis B vaccine (HBV) second dose due at 1-2 months of age	
Date Given:	
HBV third dose due at six months of age	
Date Given:	
Post vaccination serologic testing drawn at 9-12 months of age (at least 1-2 months after last dose)	
Collection Date: _____	
Hepatitis B surface Antigen (HBsAg) <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	
Hepatitis B surface Antibody (anti-HBs) <input type="checkbox"/> Immune (positive) <input type="checkbox"/> Susceptible (negative)	

Fax this form to: 701.328.0355

If you have any questions, please call:
N. D. Department of Health
Division of Disease Control
2635 East Main Ave.
Bismarck, ND 58506-5520
701.328.2335 or toll-free 800.472.2180