



# 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 2<sup>nd</sup> series***

Date given: \_\_\_\_\_

Results: \_\_\_\_\_