

IMPORTANT!

Your baby received hepatitis B immune globulin (HBIG) and hepatitis B (hepB) vaccine on:

HBIG Date: ____/____/____

HepB Vaccine Date: ____/____/____



Your baby needs at least two more doses of hepB vaccine. The next dose is due in 1-2 months. Please make an appointment as soon as you can and record the date and time as a reminder.

Date: ____/____/____ Time: _____

Healthcare Provider/Clinic: _____

Please take this card with you to your next appointment.

If you have any questions, please call the Michigan Department of Health and Human Services (MDHHS) Perinatal Hepatitis B Prevention Program (PHBPP) at 517-388-4815, 517-897-3236 or 517-242-8319.

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