**Vaccination Reminder Letter to the Mother**

**Place on Local Health Department Letterhead**

Date

Mother’s Name

Address

City, State, zip

Dear Mother’s Name

Our records indicate (name of infant) is /was due for his/her second /third dose of the hepatitis B vaccine. If you have not already scheduled an appointment for him/her to receive the next dose, please do so as soon as possible. Your child’s health care provider or the local health department will be willing to vaccinate your child.

Infants who become infected with the hepatitis B virus from exposure at the time of birth and who do not receive adequate vaccination are at high risk of being infected for the rest of their lives. Babies who do become infected may become seriously ill and die from chronic liver disease as an adult. This is why it is extremely important for your child to receive all three doses of the hepatitis B vaccine.

One to two months after the last hepatitis B vaccine your baby will needs a blood test to make sure your baby is immune to hepatitis B infection.

If you have any question or if I can assist you in any way, please contact me at
XXX-XXX-XXXX

Sincerely,

XXXXX

CC: health provider