**PVST Reminder Letter to Mother**

**Place on Local Health Department Letterhead**

Date

Mother’s Name

Address

City, State, zip

Dear Mother’s Name

Your Baby, XXXX has completed the hepatitis B vaccines series. He/ she now needs to have a blood test to see if he/she immune to the hepatitis B virus. The blood test should be done at a well-child visit when your child is age 9 through 12 months (or 1 through 2 months after the final dose of the vaccine series, if delayed).

Because you carry the hepatitis B virus in your blood, your child was exposed at birth. It is very important your child be protected from the hepatitis B virus. If the blood test shows that XXXXX has not developed enough protection, it is recommended that he/she be revaccinated with hepatitis B vaccine.

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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