

HEPATITIS B VACCINE/ HBIG
TRACKING FORM

1. Name: _____
Address: _____
Telephone: _____
County: _____
2. Source Patient: _____
3. Type of Contact: _____ household
_____ sexual
_____ needle sharing
4. Date of Birth: ___/___/___ Age: _____ Race: (circle one) W B H Other Sex: M F Weight: _____
5. Risk Factors:
- | | | |
|---|--|---|
| _____ IDU | _____ MSM | _____ Multiple sex partners |
| _____ Hemophilia | _____ Endemic country | _____ Job involves contact with blood |
| _____ Housemate of someone
with lifelong hep B infection | _____ Sex with a person
who has hep B | _____ A patient or someone who
works in a home for the
developmentally disabled |

6. A. Hepatitis B Screen Date ___/___/___ *Attach results
B. Hepatitis Surface Antibody Date: ___/___/___ *Attach results

Medication Administration

7. HBIG A. Date: ___/___/___ B. Site: _____ C. Volume: _____
D. Lot number: _____ E. Manufacturer: _____
F. Administered by _____
8. Hepatitis B Vaccine A. 1st Dose: 1. Date: ___/___/___ 2. Site: _____
3. Manufacturer: _____
4. Lot # _____
5. Administered by _____
- B. 2nd Dose: 1. Date: ___/___/___ 2. Site: _____
3. Manufacturer: _____
4. Lot # _____
5. Administered by _____
- C. 3rd Dose: 1. Date: ___/___/___ 2. Site: _____
3. Manufacturer: _____
4. Lot # _____
5. Administered by _____

Submit form to:

HIV/AIDS/STD Program
West Virginia Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301-3715
Telephone: 1-800-642-8244 or (304)558-2195
Fax: 1-304-558-6478

Please refer to back of form for directions.

1. Name of contact
2. Name of contact of source patient.
3. Check all that apply.
4. Enter date of birth, age, race sex, weight (in pounds and convert to kilograms).
5. Risk factors (check all that apply)
6. A. Enter date of hepatitis B screen. Attach results of testing.
B. Enter date of hepatitis B surface antibody screen after completion of 3 dose series of hepatitis vaccine. Attach results of testing.
7. HBIG
 - A. Enter date administered.
 - B. Enter site of injection (if over 2 ml administered in upper outer quadrant of buttock).
 - C. Enter volume administered.
 - D. Enter lot number of HBIG administered.
 - E. Enter manufacturer of HBIG.
 - F. Print the name of the person administering the HBIG.
8. Hepatitis B Vaccine
 - A. 1st dose
 1. Enter date administered.
 2. Enter the site of injection.
 3. Enter the name of manufacturer.
 4. Enter the lot number of the vaccine.
 5. Print the name of the person administering the hepatitis B vaccine
 - B. 2nd dose
 1. Enter date administered.
 2. Enter the site of injection.
 3. Enter the name of manufacturer.
 4. Enter the lot number of the vaccine.
 5. Print the name of the person administering the hepatitis B vaccine
 - C. 3rd dose
 1. Enter date administered.
 2. Enter the site of injection.
 3. Enter the name of manufacturer.
 4. Enter the lot number of the vaccine.
 5. Print the name of the person administering the hepatitis B vaccine

***After administering each dose of hepatitis B vaccine or HBIG, copy the tracking form and forward it to the address listed at the bottom of first page.**