

# Prototype of "Notification of Vaccination" Letter

**Any Health Clinic • 123 Main Street • Any City, USA • (123) 456-7890**

Dear Doctor or Nurse at \_\_\_\_\_:

Primary care site

We have provided vaccination services today to the patient named below, at our immunization clinic. He or she identified you as his or her primary care provider. An immunization record card was filled out and given to the patient. Please update your patient's clinic chart to include the vaccination information listed below.

Patient's name: \_\_\_\_\_ Patient's birthdate: \_\_\_\_\_

(For a child, parent's name: \_\_\_\_\_ Parent's birthdate \_\_\_\_\_)

Date vaccine(s) administered: \_\_\_\_\_

Name of immunization clinic: \_\_\_\_\_

The vaccines given today were:

Vaccine	Dose # (if known)	Brand	Vaccine	Dose # (if known)	Brand	Dosage
DTaP	_____	_____	Hepatitis B	_____	_____	_____ mcg
DTaP-HepB-IPV (Pediatrix)	_____	_____	Hib-HepB (Comvax)	_____	_____	
DTaP-Hib (Trihibit)	_____	_____	MMR	_____	_____	
DT	_____	_____	Varicella	_____	_____	
Td	_____	_____	Hepatitis A	_____	_____	_____
Hib	_____	_____	Hep A-Hep B (Twinrix)	_____	_____	
IPV	_____	_____	Influenza	_____	_____	
Pneumococcal conjugate (PCV)	_____	_____	Pneumococcal polysaccharide (PPV)	_____	_____	
Meningococcal	_____	_____	Other	_____	_____	

Sincerely,

Staff member's name  
Any Health Clinic

www.immunize.org/catg.d/3060not.pdf • Item #P3060 (8/03)