## **Sample Notification of Vaccination Letter**

Dear doctor or nurse at [primary care site],

We provided vaccination services today to the patient named below. You were identified as the primary care provider for this patient. 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 date of birth:

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Date(s) Administered** | **Dose #/Lot #** **(if known)** | **Brand/Manufacturer** |
| Influenza |  |  |  |
| Pneumococcal polysaccharide (PPSV23 and/or PCV13,PCV 15, PCV 20) |  |  |  |
|  COVID-19 |  |  |  |
|  RSV |  |  |  |

Sincerely,

[Staff member’s name, organization name]