

Notification of Vaccination Letter Template

Dear doctor or nurse at _____ :
Patient's primary care clinic

We recently provided vaccination services to one of your patients. We want to make certain that you have information about the vaccines we administered so you can update your patient's medical record. Please contact us if you have any questions about this information.

- We provided the patient (or parent) with a written record of the vaccination(s) given.
- We entered information about the vaccine(s) we administered in the regional immunization information system.

Patient's name: _____ Patient's birthdate: _____

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

The vaccine(s) we administered on _____ is/are checked below.
Date

Vaccines

Hepatitis B (Engerix-B; Recombivax HB)

DTaP (age 6 yrs and younger)

DTaP-HepB-IPV (Pediarix)

DTaP-IPV (Kinrix)

DTaP-IPV/Hib (Pentacel)

DT (through age 6 yrs)

Tdap (age 7 yrs and older)

Td (age 7 yrs and older)

Hib (monovalent)

ActHIB

Hiberix

PedvaxHIB

Hib-HepB (Comvax)

Hib-MenCY (MenHibrix)

Pneumococcal conjugate (PCV13)

Pneumococcal polysaccharide (PPSV23)

Rotavirus

RV1 (Rotarix)

RV5 (RotaTeq)

IPV (Polio)

MMR

Varicella (Varivax)

MMRV (ProQuad)

Hepatitis A (Havrix; Vaqta)

HepA-HepB (Twinrix)

Human papillomavirus (HPV)

HPV2 (Cervarix)

HPV4 (Gardasil)

Meningococcal conjugate (MCV4)

MCV4-D (Menactra)

MCV4-CRM (Menveo)

Meningococcal polysaccharide (MPSV4)

Influenza: Injectable, standard dose

Influenza: Injectable, high-dose (Fluzone High-Dose)

Influenza: Intranasal (FluMist)

Influenza: Intradermal (Fluzone Intradermal)

Zoster (shingles) (Zostavax)

Other _____

Name of clinic providing services	Address	City, State, Zip
Contact person	Email address	Phone number