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)
Dose (circle one): 0.5 mL 1.0 mL

☐ 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)
Dose (circle one): 0.5 mL 1.0 mL

☐ HepA-HepB (Twinrix)

Human papillomavirus (HPV)
- ☐ HPV2 (Cervarix)
- ☐ HPV4 (Gardasil)

Meningococcal conjugate (MCV4)
- ☐ MCV4-D (Menactra)
- ☐ MCV4-CRM (Menveo)

☐ Meningococcal polysaccharide (MPSV4)

☐ Influenza:
Brand ____________________
Dose (mL) ________________
Route ____________________

☐ Zoster (shingles) (Zostavax)

☐ Other ________________________

SAMPLE

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

Technical content reviewed by the Centers for Disease Control and Prevention

Immunization Action Coalition St. Paul, Minnesota • 651-647-9009 • www.vaccineinformation.org • www.immunize.org

www.immunize.org/catg.d/p3060.pdf • Item #P3060 (2/14)

REFERENCE: Notification of vaccination letter template. Immunization Action Coalition website. http://www.immunize.org/catg.d/p3060.pdf. Updated 2014. Accessed May 15, 2015.