Notification of Vaccination Letter Template

Dear doctor or nurse at _____
PATIENT'S PRIMARY CARE CLINIC

We recently provided vaccination services to your patient. 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/guardian) with a written record of the vaccination(s) given.

☐ We entered information about the vaccine(s) we administered in the regional or state immunization information system.

Patient's name _____ Patient's birthdate _____
(MM/DD/YR)

(For a child, parent/guardian name _____ Parent/guardian birthdate _____)
(MM/DD/YR)

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

VACCINES ADMINISTERED

☐ 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, Quadracel)

☐ 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

☐ IPV (Polio)

☐ Pneumococcal conjugate (PCV) (Prevnar 13)

☐ Pneumococcal polysaccharide (PPSV) (Pneumovax 23)

Rotavirus

- ☐ RV1 (Rotarix)
- ☐ RV5 (RotaTeq)

☐ Human papillomavirus (HPV) (Gardasil 9)

☐ MMR

☐ Varicella (chickenpox) (Varivax)

☐ MMRV (ProQuad)

☐ Hepatitis A (Havrix; Vaqta)
DOSE (circle one): 0.5 mL 1.0 mL

☐ HepA-HepB (Twinrix)

Meningococcal ACWY

- ☐ MenACWY (MCV4) (Menactra, Menveo)

Meningococcal B

- ☐ Bexsero
- ☐ Trumenba

☐ Influenza
BRAND _____
DOSE (mL) _____
ROUTE (circle one): IM ID NAS

Zoster (shingles)

- ☐ LZV (Zostavax [live])
- ☐ RZV (Shingrix [recombinant])

☐ Other _____
_____

_____
NAME OF CLINIC PROVIDING SERVICES

_____
CLINIC CONTACT PERSON

_____
ADDRESS

_____
EMAIL ADDRESS

_____
CITY/STATE/ZIP

_____
PHONE

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3060.pdf • Item #P3060 (12/17)