

Notification of Immunization Letter Template

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

We recently provided immunization services to your patient. We want to make certain that you have information about the vaccines or antibody product 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 immunization(s) given.
- We entered information about the immunization(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 immunizations we administered on _____ DATE is/are checked below.

IMMUNIZATIONS ADMINISTERED

COVID-19

- mRNA (circle one): Moderna Pfizer
- Novavax

Hepatitis B

- Engerix-B; Recombivax HB;
DOSE (circle one): 0.5 mL 1.0 mL
- HepHisav-B (age 18 yrs and older)
- PreHevbrio (age 18 yrs and older)
- DTaP (age 6 yrs and younger)
- DTaP-HepB-IPV (Pediarix)
- DTaP-IPV (Kinrix, Quadracel)
- DTaP-IPV/Hib (Pentacel)
- DTaP-IPV-Hib-HepB (Vaxelis)
- Tdap (age 7 yrs and older)
- Td (age 7 yrs and older)

Hib (monovalent)

- ActHIB (PRP-T)
- Hiberix (PRP-T)
- PedvaxHIB (PRP-OMP)

Influenza

BRAND _____
DOSE (mL) _____
ROUTE (circle one): IM Nasal

IPV (Polio)

Pneumococcal conjugate (PCV)

- PCV13, Prevnar 13
- PCV15, Vaxneuvance
- PCV20, Prevnar 20

Pneumococcal polysaccharide (PPSV23) (Pneumovax 23)

Respiratory Syncytial Virus (RSV)

- Abrysvo (Pfizer)
- Arexvy (GSK)

RSV Monoclonal Antibody

- Nirsevimab (Beyfortus)

Rotavirus

- RV1 (Rotarix)
- RV5 (RotaTeq)

Human papillomavirus (9vHPV) (Gardasil 9)

MMR (MMR II, Priorix)

Varicella (chickenpox) (Varivax)

MMRV (ProQuad)

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

HepA-HepB (Twinrix) (age 18yrs+)

Meningococcal ACWY (MenACWY) (circle one: MenQuadfi, Menveo)

Meningococcal B (MenB)

- Bexsero (MenB-4C)
- Trumenba (MenB-FHbp)
- Zoster (shingles) (RZV) (Shingrix)

Other _____

NAME OF CLINIC PROVIDING SERVICES

ADDRESS

CITY/STATE/ZIP

CLINIC CONTACT PERSON

EMAIL ADDRESS

PHONE

