

Child Immunization Update

Date: [Insert Date]

Dear [Parent/Guardian's Name],

We hope this message finds you well. We are writing to provide you with an update regarding your child's immunizations. Keeping your child's vaccinations current is important for their health and the health of the community.

Immunization Status

Your child's current immunization record is as follows:

- **Vaccine Name:** [Vaccine 1] - [Date Administered]
- **Vaccine Name:** [Vaccine 2] - [Date Administered]
- **Vaccine Name:** [Vaccine 3] - [Date Administered]

Upcoming Vaccinations

To ensure your child's continued health, the following immunizations are due:

- [Vaccine Name] - Due by [Due Date]
- [Vaccine Name] - Due by [Due Date]

Please schedule an appointment with our clinic as soon as possible to ensure your child receives these important vaccinations. If you have any questions or concerns, feel free to contact us at [Clinic Phone Number] or [Clinic Email Address].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]