

Immunization Schedule Notification

Date: [Insert Date]

To: [Insert Clinic Name]

Address: [Insert Clinic Address]

Dear [Clinic Coordinator's Name],

We are writing to inform you about the upcoming immunization schedule for the community clinics. It is vital to keep our community healthy and protected from preventable diseases.

Immunization Schedule

Vaccine	Age Group	Date	Time
DTaP	2 months	[Insert Date]	[Insert Time]
MMR	1 year	[Insert Date]	[Insert Time]
Flu Vaccine	All ages	[Insert Date]	[Insert Time]

Please ensure that your staff is prepared for the upcoming immunizations and that all necessary materials are available.

If you have any questions, feel free to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]