

# Community Health Program

Date: [Insert Date]

To: [Parent/Guardian's Name]

Address: [Parent/Guardian's Address]

## Subject: Infant Vaccination Schedule Notification

Dear [Parent/Guardian's Name],

We hope this letter finds you well. As part of our commitment to promoting the health and well-being of our community's children, we would like to inform you about the vaccination schedule for your infant, [Child's Name].

### Vaccination Schedule:

Vaccine	Recommended Age	Date Administered
Hepatitis B	Birth, 1-2 months, 6-18 months	[Insert Date]
Diphtheria, Tetanus, Pertussis (DTaP)	2 months, 4 months, 6 months, 15-18 months, 4-6 years	[Insert Date]
Haemophilus influenzae type b (Hib)	2 months, 4 months, 6 months, 12-15 months	[Insert Date]
Polio (IPV)	2 months, 4 months, 6-18 months, 4-6 years	[Insert Date]
Pneumococcal conjugate (PCV)	2 months, 4 months, 6 months, 12-15 months	[Insert Date]
Rotavirus	2 months, 4 months, 6 months	[Insert Date]

Please ensure that your child receives these vaccinations on or before the recommended ages to help protect them from severe illnesses.

If you have any questions or need further clarification on the vaccination schedule, do not hesitate to contact our health services at [Contact Information].

Thank you for your attention to this important matter. Together, we can ensure a healthier future for our children.

Sincerely,

[Your Name]

[Your Position]

[Community Health Program Name]