## **Important Vaccination Information for Your Infant**

Dear [Parent's Name],

Congratulations on the arrival of your new baby! As first-time parents, it is important to keep track of your infant's vaccination schedule to ensure they remain healthy and protected against various diseases.

## **Vaccination Schedule**

| Age          | Vaccination              |
|--------------|--------------------------|
| 2 Months     | DTaP, IPV, Hib, PCV, RV  |
| 4 Months     | DTaP, IPV, Hib, PCV, RV  |
| 6 Months     | DTaP, IPV, Hib, PCV, RV  |
| 12-15 Months | MMR, Varicella, Hib, PCV |
| 15-18 Months | DTaP                     |
| 4-6 Years    | DTaP, IPV, MMR           |

Please make sure to schedule your appointments according to this timeline. Your healthcare provider is always available to answer any questions or concerns you may have regarding your baby's vaccinations.

Thank you for being proactive about your child's health!

Sincerely,

[Your Clinic's Name]

[Contact Information]