

Infant Vaccination Schedule

Dear [Parent's Name],

We hope this message finds you well. As part of our commitment to your child's health, we are pleased to provide you with the vaccination schedule for your infant.

Vaccination Schedule

Age	Vaccine	Date	Notes
2 months	DTaP, Hib, IPV, PCV13, Rota	[Date]	
4 months	DTaP, Hib, IPV, PCV13, Rota	[Date]	
6 months	DTaP, Hib, IPV, PCV13, Rota	[Date]	
12-15 months	MMR, Varicella, Hib	[Date]	
12-23 months	Hepatitis A	[Date]	
15-18 months	DTaP	[Date]	

Please make sure to keep this schedule handy and inform us if you have any questions or concerns. It is essential to keep your child's vaccinations up to date for their health and safety.

Thank you for your attention to your child's health.

Sincerely,
[Clinic Name]
[Contact Information]