

# Infant Vaccination Schedule

Date: \_\_\_\_\_

To Whom It May Concern,

This letter serves to confirm that the following vaccinations have been administered to my child, **[Child's Name]**, as part of the standard immunization schedule necessary for school enrollment.

## Vaccination Schedule

- Hepatitis B: 1st dose - [Date]
- DTP (Diphtheria, Tetanus, Pertussis): 1st dose - [Date]
- IPV (Inactivated Polio Vaccine): 1st dose - [Date]
- MMR (Measles, Mumps, Rubella): 1st dose - [Date]
- Hib (Haemophilus influenzae type b): 1st dose - [Date]
- Varicella (Chickenpox): 1st dose - [Date]
- Pneumococcal: 1st dose - [Date]

If further information or documentation is required, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]