

Pediatric Vaccination Guidance

Date: _____

To Whom It May Concern,

We are pleased to provide you with important information regarding the vaccination schedule for your child.

Recommended Vaccines

- Hepatitis B
- Diphtheria, Tetanus, and Pertussis (DTaP)
- Haemophilus influenzae type b (Hib)
- Polio (IPV)
- Pneumococcal conjugate (PCV)
- Measles, Mumps, and Rubella (MMR)
- Varicella (Chickenpox)
- Influenza

Vaccination Schedule

The following schedule is recommended for vaccinations:

Age	Vaccines
Birth	Hepatitis B
2 months	DTaP, Hib, IPV, PCV
4 months	DTaP, Hib, IPV, PCV
6 months	DTaP, Hib, IPV, PCV
12-15 months	MMR, Varicella, Hib
15-18 months	DTaP
4-6 years	DTaP, IPV, MMR, Varicella

Additional Information

It is essential to keep an accurate record of your child's vaccinations. Please consult your pediatrician for personalized recommendations and if you have any questions regarding the vaccination process.

Thank you for prioritizing your child's health.

Sincerely,
[Your Name]
[Your Title]
[Your Organization]
[Contact Information]