

# Vaccination Side Effects Education

Date: [Insert Date]

To: [Employee's Name]

From: [Your Name/Department]

Subject: Important Information on Vaccination Side Effects

Dear [Employee's Name],

As part of our commitment to workplace safety and health, we would like to provide you with important information regarding the potential side effects of vaccinations. Understanding these side effects can help you make informed decisions and ensure your wellbeing.

## Common Side Effects to Expect:

- Soreness at the injection site
- Fatigue
- Headache
- Muscle pain
- Fever
- Chills

## When to Seek Medical Attention:

If you experience any of the following symptoms, please seek medical assistance:

- Severe allergic reaction (rash, difficulty breathing)
- High fever (over 103degF)
- Persistent headache or blurred vision
- Unusual bruising or bleeding

We encourage you to discuss any questions or concerns with your healthcare provider. Your health and safety are our top priorities.

Thank you for your attention to this important matter and for doing your part to keep our workplace safe.

Best Regards,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]