

Follow-Up on Your Recent Vaccination

Dear [Patient's Name],

We hope this message finds you well. As part of our commitment to your health and well-being, we are following up regarding your recent vaccination administered on [Date of Vaccination].

It is common to experience some side effects after vaccination. These may include:

- Pain or swelling at the injection site
- Fever
- Fatigue
- Headache
- Muscle pain

Please monitor your condition, and if you experience any of the following severe symptoms, contact us immediately:

- Difficulty breathing
- Chest pain
- Severe headache or blurred vision
- Skin rash or hives

If you have any questions or concerns, feel free to reach out to our clinic at [Clinic's Phone Number] or [Clinic's Email Address]. Your health is our priority.

Thank you for trusting us with your vaccination needs.

Sincerely,

[Your Clinic's Name]

[Your Name]

[Your Title]