

# Vaccination Side Effects Report

**Date:** [Insert Date]

**To:** [Healthcare Provider's Name]

**Address:** [Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I am writing to report side effects experienced following vaccination on [Insert Vaccination Date]. Below are the details of the event:

## Patient Information

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert Patient DOB]

**Vaccine Administered:** [Insert Vaccine Name]

## Side Effects Observed

- [Insert Side Effect 1]
- [Insert Side Effect 2]
- [Insert Side Effect 3]

## Description of Symptoms

[Provide a brief description of the symptoms, duration, and severity.]

## Action Taken

[Describe any actions taken, such as treatment administered or follow-up appointments scheduled.]

Please let me know if additional information is required for further evaluation of these side effects.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]