

COVID-19 Vaccination Eligibility Notification

Dear [Recipient's Name],

We are pleased to inform you that you are now eligible to receive the COVID-19 vaccination.

Eligibility Criteria:

- Age: [Specify Age Requirement]
- Employment: [Specify Employment Requirement]
- Health Condition: [Specify Health Condition if applicable]

Please schedule your vaccination appointment at your earliest convenience through our website or contact our office at [Contact Information].

Thank you for doing your part to keep our community safe.

Sincerely,
[Your Organization's Name]