

# Flu Vaccination Clinic Eligibility Notice

Dear [Recipient's Name],

We are pleased to announce that our annual flu vaccination clinic will be held on [Date] at [Location]. This notice is to inform you of the eligibility criteria for receiving the flu vaccine.

## Eligibility Criteria:

- Individuals aged 6 months and older
- Pregnant women
- People with chronic health conditions (e.g., asthma, diabetes)
- Healthcare workers and first responders
- Residents of long-term care facilities

If you meet the above criteria, we encourage you to participate in our flu vaccination clinic. Please bring your insurance card and a valid ID.

For more information, please contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Your Organization]