

[Date]

[Patient/Employee Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Annual Seasonal Influenza Vaccination Reminder

Dear [Name],

As we approach the flu season, we would like to remind you to schedule your annual seasonal influenza (flu) vaccination. Getting vaccinated is the most effective way to protect yourself and those around you from the flu and its potential complications.

The flu vaccine is recommended for everyone aged 6 months and older. It is particularly important for individuals at higher risk, including young children, pregnant women, adults over 65, and those with chronic health conditions.

Vaccination Details:

- **Location:** [Insert Location/Clinic Name]
- **Dates/Times:** [Insert Available Dates and Hours]
- **How to Book:** [Insert Instructions, e.g., Call phone number or visit website]

Please bring your [Insurance Card/ID] to your appointment. In many cases, the flu vaccine is available at no cost through your insurance provider.

If you have already received your flu shot for this season, please disregard this notice or let us know so we can update your records.

Stay healthy this season.

Sincerely,

[Your Name/Organization Name]

[Phone Number]

[Website]