

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

Notice: Seasonal Influenza Vaccination for Senior Citizens

Dear [Recipient Name],

The flu season is approaching. To ensure your health and safety, we are inviting all senior citizens aged [Insert Age, e.g., 65] and above to receive their annual Seasonal Influenza Vaccination.

Influenza can lead to serious complications in older adults. Vaccination is the most effective way to reduce the risk of infection and hospitalization.

Clinic Details:

- **Location:** [Insert Clinic/Center Name]
- **Dates:** [Insert Start Date] to [Insert End Date]
- **Hours:** [Insert Operating Hours]

What to bring:

- Identification Card / Senior Citizen Card
- Vaccination Record Card (if available)

Important Information:

If you are currently feeling unwell, have a fever, or have a known allergy to eggs, please consult with our medical staff before receiving the injection.

Please call [Insert Phone Number] to schedule your appointment or to ask any questions.

Sincerely,

[Your Name/Organization Name]

[Contact Information]