

[Date]

[Patient/Employee Name]

[Address Line 1]

[Address Line 2]

Subject: FINAL NOTICE - Seasonal Influenza Vaccination

Dear [Name],

According to our records, you have not yet received your seasonal influenza (flu) vaccination or submitted the required documentation for the [Year] flu season.

This is a final reminder that the deadline to comply with our vaccination policy is **[Deadline Date]**. Annual vaccination is a critical requirement to ensure the health and safety of our community.

To meet this requirement, please complete one of the following actions by the deadline:

- Receive your flu vaccination at [Location/Clinic Name].
- Upload your proof of vaccination from an outside provider to [Portal/Email Address].
- Submit an approved medical or religious exemption form to [Department Name].

Please be advised that failure to comply by **[Deadline Date]** may result in [consequence, e.g., suspension of access/disciplinary action].

If you have recently received your vaccination, please disregard this notice once your documentation has been uploaded and verified.

If you have questions, please contact [Department/Contact Person] at [Phone Number/Email].

Sincerely,

[Your Name/Organization Name]

[Title/Department]