

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Department: [Insert Department]

Subject: RECALL NOTICE: Hepatitis B Vaccination Dose Due

Dear [Employee Name],

Our records indicate that you are due for your next dose of the Hepatitis B vaccine as part of the Occupational Health immunization program. Maintaining up-to-date vaccination is essential for your protection against workplace exposure.

Required Action:

You are scheduled for/due to receive: **[Dose Number: e.g., 2nd Dose / 3rd Dose / Booster]**.

Please contact the Occupational Health Department at [Phone Number] or [Email Address] to schedule your appointment. Alternatively, you may attend the walk-in clinic held on [Day of Week] between [Time] and [Time] at [Location].

What to bring:

- Your employee identification badge.
- Your personal immunization record (if available).

If you have already received this dose at another facility, please provide a copy of the documentation to Occupational Health so we may update your records.

If you have any questions or concerns regarding this vaccination, please contact us at [Phone Number].

Sincerely,

[Name]

[Title]

Occupational Health Department

[Organization Name]