[Date]

Dear [Patient Name],

This is a follow-up regarding your recent vaccination on [Date of Vaccination]. We are contacting you to check on your recovery and to see if you have experienced any unexpected side effects or adverse reactions.

Please let us know if you have experienced any of the following:

- Severe fever or chills
- Difficulty breathing or swelling
- Rashes or hives
- Persistent pain at the injection site
- Any other unusual symptoms

If you are experiencing a medical emergency, please call 911 or visit the nearest emergency room immediately.

If your symptoms are mild but concerning, please reply to this message or call our office at [Phone Number] to speak with a healthcare provider.

Sincerely,

[Provider Name]
[Clinic/Organization Name]