Date: [Insert Date]

To: Vaccine Adverse Event Reporting System (VAERS)
Subject: Notification of Adverse Event Following Vaccination

Dear VAERS Administrator,

This letter serves as a formal notification of an adverse event following the administration of a vaccine. Below are the details regarding the patient and the incident:

Patient Information:
Name: [Insert Patient Name]
Date of Birth: [Insert DOB]
Gender: [Insert Gender]

Vaccination Details:
Vaccine Type: [Insert Vaccine Name/Brand]
Date of Vaccination: [Insert Date]
Lot Number: [Insert Lot Number]
Injection Site: [Insert Site, e.g., Left Deltoid]

Adverse Event Description:
Date/Time Event Started: [Insert Date and Time]
Description of Symptoms: [Provide a detailed description of the reaction and clinical course]

Healthcare Provider/Reporter Information:
Name: [Insert Name]
Facility Name: [Insert Facility]
Phone Number: [Insert Phone]
Email Address: [Insert Email]

The online VAERS reporting form [has been/will be] completed. This written notification is intended to supplement the official record. Please contact the undersigned if further information or medical records are required.

Sincerely,

[Signature]
[Printed Name]
[Title/Credentials]