Date: [Insert Date]

To: [Recipient Name/Patient Name]
Patient ID: [Insert ID Number]

Subject: Post-Vaccination Recovery and Discharge Confirmation

Dear [Patient Name],

This letter confirms that you have completed the required observation period following your vaccination for [Name of Vaccine] administered on [Date of Vaccination].

Based on our medical assessment, you have shown no immediate adverse reactions and are cleared for discharge. Your vital signs are stable, and you are fit to return to your normal daily activities, subject to the guidelines provided below.

Post-Vaccination Care Instructions:

- Monitor the injection site for redness, swelling, or pain.
- You may experience mild symptoms such as fatigue, headache, or low-grade fever. These are normal signs that your body is building protection.
- Stay hydrated and rest as needed.

When to Seek Medical Attention:
Please contact a healthcare provider immediately if you experience severe allergic reactions, including difficulty breathing, swelling of the face or throat, or a rapid heartbeat.

You are scheduled for your follow-up dose on [Insert Date, if applicable]. Please bring your vaccination card to your next appointment.

Sincerely,

[Physician/Authorized Signature]
[Printed Name and Title]
[Facility Name/Clinic Name]