

URGENT: IMMUNIZATION COMPLIANCE NOTICE

Date: [Insert Date]

To: [Name of Parent/Guardian]

Address: [Insert Address]

Patient Name: [Insert Child's Name]

Date of Birth: [Insert Date of Birth]

Dear [Parent/Guardian Name],

Our records indicate that the immunization file for [Child's Name] is currently incomplete or non-compliant with state and local health requirements. Specifically, we are missing documentation for the following vaccine(s):

- [Insert Missing Vaccine 1]
- [Insert Missing Vaccine 2]

To ensure continued enrollment and compliance with safety regulations, you must provide a certified copy of the updated immunization record or a valid medical/religious exemption form to our office no later than **[Insert Deadline Date]**.

Failure to provide this documentation by the deadline may result in [Insert Consequence, e.g., suspension from school/daycare or exclusion from facility activities].

If the immunizations have already been administered, please have your pediatrician's office fax the records directly to [Insert Fax Number] or email a digital copy to [Insert Email Address].

If you have questions or believe this notice was sent in error, please contact us immediately at [Insert Phone Number].

Sincerely,

[Your Name/Organization Name]

[Title/Department]

[Phone Number]