

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: FVRCPC Vaccination Compliance

We are reaching out to you regarding your compliance with the FVRCPC vaccination requirements. As part of our commitment to maintaining a healthy and safe environment, we kindly ask you to review the following information concerning your vaccination status.

As of [date], our records indicate that you have [state vaccination status, e.g., completed the required vaccinations or are missing some doses]. To ensure compliance with FVRCPC regulations, please review the following actions:

1. **\*\*If Vaccinated:\*\***

- Please provide proof of your vaccinations or any additional documentation required to maintain your records.

2. **\*\*If Not Vaccinated or Partially Vaccinated:\*\***

- We urge you to schedule an appointment for your required vaccinations as soon as possible.

- Please complete the necessary vaccination series by [insert deadline].

For your convenience, please find our contact information below to assist in making your appointment:

[Contact Name]

[Phone Number]

[Email Address]

Your health and the health of our community are our top priorities. Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]