

[Your Name]
[Your Title]
[Your Organization]
[Organization Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Organization (if applicable)]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Notification of Tdap Vaccination Requirement

I hope this letter finds you well. I am writing to inform you about the Tdap (tetanus, diphtheria, and pertussis) vaccination requirement for [specific group, e.g., students, staff, volunteers] at [Your Organization or School Name].

As part of our commitment to ensuring the health and safety of our community, it is mandatory for all [specific group] to provide proof of Tdap vaccination by [specific deadline]. This vaccination is crucial in preventing the spread of whooping cough and protecting those who are vulnerable.

Please ensure that you submit a copy of your vaccination record to [designated person or department] by the deadline mentioned above. For those who have not received the Tdap vaccine or need assistance, please contact [provide contact information for health resources or clinics]. Thank you for your cooperation and commitment to maintaining a healthy environment. If you have any questions or require further information, please do not hesitate to reach out.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]