

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title/Position]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to recommend the administration of the Tdap (tetanus, diphtheria, and pertussis) vaccine for [Patient's Name], who is [Patient's Age/Description]. This vaccine is crucial in protecting against serious infectious diseases and is particularly important for individuals who are in contact with young children or are in a high-risk category.

Based on the latest guidelines and recommendations from the Centers for Disease Control and Prevention (CDC), it is advised that adolescents and adults receive a Tdap booster every 10 years, or following a high-risk injury if not up to date. For [Patient's Name], I believe the vaccination would provide significant health benefits and protection.

Please ensure that [Patient's Name] receives the Tdap vaccine at the earliest convenience to maintain their health and well-being.

Thank you for your attention to this recommendation. If you have any questions or require further information, please feel free to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Credentials]

[Your Organization]