|  |  |  |
| --- | --- | --- |
|  | [GP Surgery][First address line] [Second address line] [Town/city] [County Postcode] | T [000 000 0000]F [000 000 0000] |
| [Date] |  |
|  |  |

Dear [Name]

### Your annual flu vaccination is now due

Your GP recommends that you have the flu jab. It is the best protection against an unpredictable virus which can cause serious illness and death. The vaccination is **free**. Last year, most people offered the vaccine chose to be immunised.

Our records show you have a weakened immune system due to a medical condition or drugs you are taking. This puts you at a greater risk of catching or developing infections including flu. It also puts you at a greater risk of developing complications from flu, such as secondary lung infections or pneumonia. The risk of death from flu is almost 50 times greater in patients with weakened immune systems.

**Please phone [insert practice phone number] to book an appointment for your flu vaccination by [insert date eg: 2 weeks after likely date of receipt of letter] – you can record the details overleaf**

For more information visit: [www.nhs.uk/flujab](http://www.nhs.uk/flujab)

Yours sincerely,

[GP/Practice Nurse/Practice Manager name]

[Position/title]

**-------------------------------------------------------------✂------------------------------------------------**

Please record the date and time of your vaccination appointment here and put it in an obvious place in your home.

Vaccination appointment: **on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_am/pm**

 **Date Time**