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| --- | --- | --- |
| **NOTE TO PRATICES: THIS LETTER IS OPTIONAL AND NO PAYMENT IS AVAILABLE FOR SENDING IT OUT** |  | |
| [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 medical condition which means that you are more likely to get complications or need hospital treatment if you catch flu. Although flu is a mild but unpleasant disease for most people, those with other medical problems can get a severe form of the disease and they are 11 times more likely to die from flu infection.

**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**