

# Sample Letter to Medical Provider

-School Letterhead-

Date

Dear School Physician

Our School Administrative Unit (or SAU name here) will offer \_\_\_\_\_ vaccines to our school community at a School Located Vaccine Clinic during the (YY-YY) school year. We need a physician order to conduct SLVC in our school district. All immunizations provided during the clinic will be recorded in ImmPact.

It will take the effort of all of us working together to increase the number of students who are immunized to keep our students healthy. We appreciate your assistance.

If you would like to know more about the School Located Vaccine Clinics initiative from Maine CDC, you may go to:

- [Immunizations | Department of Education \(maine.gov\)](#)
- [Influenza | MeCDC | Maine DHHS](#)
- [Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools | CDC](#)

or contact me at (school nurse e-mail) or (school nurse phone number)

Sincerely,

(School Nurse Name)

School Nurse