[Letterhead]

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Pharmacist, Physician/Nurse Practitioner/Vaccine Clinic,

The American College of Obstetricians and Gynecologist (ACOG) supports the Centers for Disease Control and Prevention’s (CDC) recommendations for vaccination of pregnant women.

This patient is currently pregnant and receiving obstetrical care in my office. She needs the following vaccine/vaccines and I do not carry vaccines in my office.

I have counseled the patient about the risks, benefits, alternatives, and indications of the vaccine(s) during pregnancy. She understands the risks and benefits to herself and her fetus and has chosen to receive the vaccination(s).

**I recommend that she receive the following *circled* vaccination(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inactivated**  **Vaccine** | **Date Administered** | **Manufacturer** | **Lot Number/**  **Exp. Date** | **Signature** |
| Tetanus/Diphtheria/Acellular Pertussis (Tdap) |  |  |  |  |
| Inactivated Influenza (flu) |  |  |  |  |
| Other: |  |  |  |  |

**This recommendation is valid through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please**

**1) Administer the indicated vaccines**

**2) Complete and sign this form**

**3) Write your organization and address here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4) FAX the form back to my office** [insert FAX number here]

Thank you very much for your assistance,

[Insert Health Care provider signature and name here]

Resources:

**ACOG. Committee Opinion, Number 741, June 2018:** <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Immunization-Infectious-Disease-and-Public-Health-Preparedness-Expert-Work-Group/Maternal-Immunization>

**CDC. Maternal Vaccines** <http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html>