

## NOTIFICATION ON VACCINATION

Dear Sir or Madam,

As you have been in close contact with a patient with invasive meningococcal disease vaccination against the causative agent is recommended.

We invite you to visit the outpatient clinic of the NIJZ regional unit \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.

Bring your health insurance card and vaccination booklet.

Kind regards,

\_\_\_\_\_, MD

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