**Pharmacy Vaccination Instructions:** change highlighted brackets with personalized information

**Subject line:** Protect Your Health- Get Vaccinated at a Nearby Pharmacy!

Dear [Employee's Name],

We hope this email finds you well. As part of our ongoing efforts to prioritize the health and well-being of our employees, we are pleased to inform you about an opportunity to get vaccinated against [AILMENT] conveniently at a nearby pharmacy!

We understand that getting vaccinated is an essential step in safeguarding your health and the health of those around you. That's why we have collaborated with [LOCAL PHARMACY NAME] to provide you with easy access to [TYPE OF VACCINE].

**Details:**

Location: [LOCAL PHARMACY NAME]

Address: [PHARMACY ADDRESS]

Contact Information: [PHARMACY PHONE NUMBER / WEBSITE]

**Available Vaccines:** The pharmacy offers authorized [TYPE OF VACCINE] vaccines; vaccines have been approved by health authorities for their efficacy in preventing [AILMENT] and reducing its severity.

**Eligibility:** Vaccinations are available to all eligible individuals as per local health guidelines. Before proceeding, please ensure you are eligible to receive the vaccine according to the latest health recommendations.

**Booking Your Appointment:** To schedule your vaccination appointment at [LOCAL PHARMACY NAME], please follow these steps:

1. Visit [PHARMACY WEBSITE] or call [PHARMACY PHONE NUMBER] to check vaccine availability and book your preferred date and time.
2. During the booking process, you may be required to provide some personal and medical information. Rest assured that your data will be treated with the utmost confidentiality, adhering to all privacy laws and regulations.
3. Plan Ahead: Please take into account the time needed for your vaccination and any potential observation periods suggested by the pharmacy.

**Financial Coverage:** [COMPANY NAME] cares deeply about your health, and we want to support you in every way possible. If you have any questions about insurance coverage or related expenses, please reach out to the pharmacy or our HR team for assistance.

**Support and Information**: We understand that you may have questions or concerns about the [TYPE OF VACCINE] vaccine. Feel free to discuss your concerns with healthcare professionals at [LOCAL PHARMACY NAME], who can provide accurate information and address any inquiries you may have.

Remember, getting vaccinated not only protects yourself but also contributes to the safety and

well-being of our entire workplace and community.

If you have any further questions or need additional support, please do not hesitate to reach out to our HR team at [HR CONTACT EMAIL / PHONE NUMBER].

Thank you for taking the initiative to prioritize your health and the health of those around you. We appreciate your ongoing commitment to maintaining a safe and healthy work environment.

Stay safe and well!

[Your name]

[HR Team]

[Company Name]

[Contact Information: Email/Phone Number]