



CSCS IMMUNISATION INJECTION NOTIFICATION

Dear _____

Please be informed that you have been booked in at the **DOCTOR SURGERY on the DATE** to receive your **INJECTION NAME**. This will be at no cost to you as you will be bulk billed for the appointment with your doctor and CSCS will pay for the prescription of medication. You will need to supply your Medicare card upon arrival at the Medical Centre and will be required to wait at least 15 minutes at the Medical Centre after your injection as a precaution of a reaction of the injection.

Please inform **NAME** if you cannot attend this appointment or have any objections to receiving this vaccination. I will be in contact with you with an approximate time for your appointment.

Regards

NAME