

**Place, Operations and
Sustainability**

Service Manager:

Date: [Click here to enter a date.](#)

Dear Doctor

Tetanus Inoculation

Name:

Address:

The above employee will be working in a situation where there is a small possibility of coming into contact with Tetanus.

To ensure full protection for our staff, I would ask that you arrange inoculations to ensure effective immunisation against Tetanus for the above-named employee.

I can confirm that any costs incurred, over and above those covered by the National Health Service, will be met by this Authority. Please forward any invoices.

Kind regards

Name
Job Title
Section/Service
Tel No:
email: