

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request verification of my FVRCPC vaccination status for [reason for request, e.g., travel, employment, etc.].

As part of this request, I would like to provide the necessary information regarding my vaccinations. My full name is [Your Full Name], and my date of birth is [Your Date of Birth]. I received my FVRCPC vaccination on [Date of Vaccination], and it was administered by [Name of Healthcare Provider or Facility].

I would appreciate it if you could provide a letter that includes the following details:

- Confirmation of my FVRCPC vaccination status
- Date of vaccination
- Vaccine batch number (if available)
- Any additional relevant details

Thank you for your attention to this matter. If you need any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]