

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Vaccination Status Confirmation

I am writing to confirm that I have received the FVRCPC vaccination. The details of my vaccination are as follows:

- **Vaccine Type:** FVRCPC
- **Date of Vaccination:** [Date]
- **Administered by:** [Healthcare Provider/Facility Name]
- **Location:** [City, State]

Please do not hesitate to reach out if you require any further information or documentation regarding my vaccination status.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]