

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

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

Dear [Recipient's Name],

I am writing to inform you about my MMR (Measles, Mumps, and Rubella) vaccination status.

Date of MMR Vaccination: [Date]

Administered by: [Healthcare Provider's Name]

Location of Vaccination: [Healthcare Facility Name, City, State]

Vaccine Lot Number: [Lot Number]

I have attached a copy of my vaccination record for your reference.

Please let me know if you require any additional information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]