

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

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: MMR Vaccine Verification Letter for Travel

Dear [Recipient Name],

I am writing to confirm that I have received the measles, mumps, and rubella (MMR) vaccine as part of my immunization schedule.

- **Patient Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Vaccine Administration Date:** [Date of Vaccination]
- **Health Care Provider:** [Provider Name or Facility]
- **Provider Contact Information:** [Provider Phone Number & Address]

This letter serves as documentation of my vaccination for travel purposes. Please feel free to contact my healthcare provider directly for any additional verification or information.

Thank you for your attention to this matter.

Sincerely,

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