

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

Dear [Recipient Name],

Subject: TdAP Vaccine Compliance

I am writing to inform you that [Name of Individual / Group] has successfully complied with the TdAP vaccine requirements as per [specific guidelines or regulations].

The relevant details are as follows:

- Name: [Individual's Full Name]
- Date of TdAP Vaccination: [Date]
- Vaccination Provider: [Provider's Name and Contact Information]
- Documentation: [Brief description of documentation attached, if applicable]

We appreciate your attention to this matter and are committed to maintaining public health standards. Should you require further information or additional documentation, please feel free to reach out at your convenience.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Position]

[Your Organization]