

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

Dear [Recipient Name],

I am writing to provide documentation of my Tdap vaccination as requested. Below are the details of the vaccine administration:

- **Vaccine Type:** Tdap (Tetanus, Diphtheria, Pertussis)
- **Date of Administration:** [Date]
- **Administered By:** [Healthcare Provider's Name]
- **Provider's License Number/Clinic Name:** [License Number/Clinic Name]

Attached to this letter is a copy of my vaccination record for your reference.

If you require any further information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]