

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

Dear [Recipient Name],

I am writing to confirm my eligibility for the Tdap (tetanus, diphtheria, and pertussis) vaccine. I understand the importance of this vaccination for both personal health and public safety.

As per the guidelines, I am [explain your eligibility criteria, e.g., a caregiver, pregnant, or in a specific age group]. I would like to schedule an appointment at your earliest convenience to receive the vaccine.

Please let me know the available dates and times for the vaccination, and if there are any prerequisites I need to fulfill prior to the appointment.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title, if applicable]