

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

Dear [Recipient Name],

I hope this letter finds you well. I am writing to inform you about my compliance with the Tdap vaccine requirement set by [Organization/School Name].

I have received the Tdap vaccine on [Date of Vaccination], and the details are as follows:

- Vaccine Name: Tdap (Tetanus, Diphtheria, Pertussis)
- Date Administered: [Date]
- Administered By: [Name of Healthcare Provider/Facility]
- Documentation: [Attached/Enclosed]

Please let me know if you require any further information or additional documentation regarding my vaccination status.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Position, if applicable]