

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

[Recipient Name]
[Recipient Title/Position]
[Organization/Institution Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Tdap Vaccine Status

I am writing to provide confirmation of my Tdap vaccination status as requested.

I have received the Tdap vaccine on [Date of Vaccination] at [Location of Vaccination]. The details of my vaccination are as follows:

- Vaccine Name: Tdap (Tetanus, Diphtheria, and Pertussis)
- Date of Vaccination: [Date]
- Provider Name: [Healthcare Provider/Clinic Name]
- Provider Contact Information: [Phone Number/Email Address]

Please feel free to contact the provider listed above for any verification required. If you need any further information or documentation, do not hesitate to reach out to me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]