

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

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

Dear [Recipient Name],

Subject: TDAP Vaccine Submission

I hope this letter finds you well. I am writing to submit my documentation for the TDAP vaccine as required by [insert reason, e.g., school enrollment, workplace policy, etc.].

Please find attached the official immunization record indicating that I have received the TDAP vaccine on [insert date of vaccination]. The details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Vaccine Administered: TDAP
- Date of Administration: [Date]
- Administering Physician/Facility: [Name of Physician/Facility]

Should you require any further information or additional documentation, please feel free to contact me at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Attachment: Immunization Record]