

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Employer's Name]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Employer's Name],

Subject: MMR Immunization Verification

I hope this message finds you well. As part of my employment requirements and in accordance with company policy, I am writing to provide verification of my measles, mumps, and rubella (MMR) immunization status. I confirm that I have received the MMR vaccine on [Date of Vaccination], and I have attached the official documentation for your records. Please let me know if you require any additional information or further documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Job Title]