

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Recipient's Institution or Organization]
[Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: MMR Immunization Verification

I am writing to request verification of my MMR (measles, mumps, and rubella) immunization status. In compliance with [specific requirement, e.g., school enrollment, employment, etc.], I need to provide documented proof of my immunization.

Please find my details below:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]
- Vaccination Dates: [Dates of MMR vaccinations]

If additional information is required for verification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]