

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

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

Subject: MMR Vaccination Confirmation

Dear [Recipient's Name],

I am writing to confirm that [Child's Full Name], born on [Child's Date of Birth], has received the Measles, Mumps, and Rubella (MMR) vaccination as per the immunization schedule recommended by health authorities.

Details of the vaccination are as follows:

- Vaccine Type: MMR (Measles, Mumps, Rubella)
- Date of Vaccination: [Date of Vaccination]
- Administered by: [Healthcare Provider's Name or Clinic/Healthcare Facility Name]
- Provider's Contact Information: [Provider's Address/Phone Number]

Please find attached the official vaccination record for your reference.

If you have any questions or require further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

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