

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient's Title or Department]  
[Recipient's Institution/Organization]  
[Recipient's Address]  
[City, State, Zip Code]

Subject: MMR Vaccination History

Dear [Recipient Name],

I am writing to provide documentation regarding my Measles, Mumps, and Rubella (MMR) vaccination history as required for [reason for letter, e.g., school enrollment, employment, travel].

Patient Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Address: [Your Current Address]

Vaccination Details:

- Vaccine: Measles, Mumps, Rubella (MMR)
- Dates of Vaccination:
  - [Date of First Vaccination]
  - [Date of Second Vaccination]

Attached are copies of my vaccination records as proof of my immunization status. If you require any further information or additional documentation, please 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]