

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Organization/Healthcare Provider's Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: MMR Vaccine Eligibility

I am writing to request confirmation regarding the eligibility of [Patient's Name] for the MMR (Measles, Mumps, and Rubella) vaccine. [Patient's Name] is [insert age/condition if applicable] and I would like to ensure that all necessary vaccinations are up to date to maintain optimal health and safety.

Please provide information regarding the eligibility criteria for the MMR vaccine, as well as any necessary documentation that may be required for vaccination.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]  
[Your Title if applicable]  
[Relationship to Patient]