

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

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request documentation of the MMR (measles, mumps, and rubella) vaccination for [Patient's Name], who received the vaccine on [Date of Vaccination].

For our records and in compliance with [specific requirement or reason for documentation, such as school admission, travel, etc.], we kindly ask that you provide a copy of the vaccination record at your earliest convenience.

Please let us know if you require any additional information or if there are any fees associated with this request. Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Relationship to Patient, if applicable]

[Your Signature (if sending a hard copy)]