

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

[Recipient's Name]
[Recipient's Title]
[Organization/Institution Name]
[Organization/Institution Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to provide proof of MMR (Measles, Mumps, Rubella) vaccination for [Your Child's Name/Your Name]. Below are the details of the vaccination:

- **Name:** [Your Child's Name / Your Name]
- **Date of Birth:** [Date of Birth]
- **Vaccination Dates:**
 - Measles: [Date]
 - Mumps: [Date]
 - Rubella: [Date]
- **Provider Name:** [Healthcare Provider/Clinic Name]
- **Provider Address:** [Provider Address]
- **Provider Phone Number:** [Provider Phone Number]

Attached is a copy of the vaccination record for your reference. Please let me know if you need any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Attachment: Vaccination Record]