

# Immunization History

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm the immunization history of [Child's Full Name], born on [Child's Date of Birth]. [He/She] is applying for admission to [School Name].

## Immunization Records:

- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]

If you require any further information or verification, please do not hesitate to contact my office at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title]

[Your Organization/Clinic Name]

[Your Address]

[City, State, Zip Code]