

Immunization Record Confirmation

Date: [Insert Date]

To: [Employer's Name]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

Dear [Employer's Name],

I am writing to confirm that I have completed the necessary immunizations required for my employment at [Company Name]. Below is a summary of my immunization record:

- Immunization 1: [Vaccine Name] - [Date Administered]
- Immunization 2: [Vaccine Name] - [Date Administered]
- Immunization 3: [Vaccine Name] - [Date Administered]

If you require any additional information or documentation regarding my immunization status, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]