

Acknowledgment of Immunization Completion

Date: [Date]

To Whom It May Concern,

This letter is to acknowledge that [Name], born on [DOB], has successfully completed the required immunizations as per the schedule provided by [Health Organization/Clinic Name].

The immunizations completed include:

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

If you have any questions or require further information, please do not hesitate to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Organization/Clinic Name]

[Contact Information]