

# Vaccination Certification

Date: [Insert Date]

To Whom It May Concern,

This letter certifies that [Recipient's Name], residing at [Recipient's Address], has received the necessary vaccinations as required for housing application purposes.

## Vaccination Details:

- Vaccine Name: [Insert Vaccine Name]
- Date of Administration: [Insert Date]
- Authorized Provider: [Insert Provider's Name and Contact Information]

If you require further information or verification, please feel free to contact me at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization/Institution]