

Vaccination Documentation for Sports Team Eligibility

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves to confirm that [Athlete's Name], a member of [Team Name], has completed the required vaccinations as mandated by [Governing Body/Organization] for participation in [Season/Year] sports activities.

Vaccination details are as follows:

- Vaccine Name: [Vaccine Name]
- Date of Vaccination: [Date]
- Administering Physician: [Doctor's Name]
- Clinic/Hospital: [Clinic/Hospital Name]

Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Team Name]

[Contact Information]