

# Vaccination Record Submission

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], am writing to submit my vaccination record as a requirement for participation in [Event Name], scheduled to take place on [Event Date].

Please find attached a copy of my vaccination record which includes:

- Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Date of Vaccination: [Date(s) of Vaccination]
- Vaccine Type: [Type of Vaccine]

Thank you for your attention to this matter. I look forward to participating in the event.

Sincerely,

[Your Name]

[Your Address]

[Your Email]

[Your Phone Number]