

Vaccination Status Verification

Date: _____

To Whom It May Concern,

This letter is to confirm that **[Employee's Name]**, residing at **[Employee's Address]**, has been vaccinated against **[Disease/Illness]**.

Details of vaccination are as follows:

- Vaccine Type: **[Vaccine Name]**
- Date of Vaccination: **[Date]**
- Administering Facility: **[Facility Name]**
- Batch/Lot Number: **[Batch/Lot Number]**

This information is provided for the purpose of employment verification and may be shared with relevant parties as required.

If you have any questions, please do not hesitate to contact me at **[Your Contact Information]**.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Organization's Contact Information]