Date: [Date]

To: School Administrator / Registrar
School Name: [Name of School]
Fax/Email: [School Contact Info]

RE: Immunization Records for [Student Full Name]
Date of Birth: [Student Date of Birth]

Dear School Official,

This letter is to confirm that the student named above has received the following immunization updates at our clinic today:

- [Vaccine Name 1] - Administered on [Date]
- [Vaccine Name 2] - Administered on [Date]
- [Vaccine Name 3] - Administered on [Date]

The student's immunization status is now:

[ ] Up to date for their age/grade level.
[ ] In progress (Next dose due on: [Date]).

Please find the official immunization record (Form [Number/Name]) attached to this letter for your files. The student is medically cleared to return to school/class as of [Date].

If you require further verification, please contact our office at [Office Phone Number].

Sincerely,

[Physician/Provider Name]
[Clinic/Practice Name]
[Address]
[Phone Number]

Official Office Stamp: