Date: [Insert Date]

To: [Insert Licensing Agency/Department Name]
From: [Insert Healthcare Provider Name/Clinic Name]
Subject: Immunization Verification and Clearance

To Whom It May Concern,

This letter is to verify that I have reviewed the immunization records for:

Applicant Name: [Insert Full Name of Foster Parent]
Date of Birth: [Insert Date of Birth]

Based on a review of the medical records and/or clinical examination, I certify that the individual named above has received the following vaccinations required for foster care licensure:

- Measles, Mumps, and Rubella (MMR)
- Tetanus, Diphtheria, and Pertussis (Tdap)
- Varicella (Chickenpox)
- Influenza (Seasonal)
- [Insert Other Vaccine if Required]

I confirm that the applicant is up to date on all state-mandated immunizations and, from a medical standpoint, is cleared to provide care for children in a foster home setting.

If you require any further documentation or have questions regarding these records, please contact my office at [Insert Phone Number].

Sincerely,

[Signature of Healthcare Provider]
[Printed Name of Healthcare Provider]
[Medical Title/Credentials]
[License Number]
[Clinic/Facility Name]