

Immunization Record Request for Insurance Purposes

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request a copy of my immunization record for insurance purposes. The details are as follows:

Name: [Insert Full Name]

Date of Birth: [Insert Date of Birth]

Address: [Insert Address]

Phone Number: [Insert Phone Number]

Please include any pertinent details regarding my immunization history, including dates and types of vaccines received.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Insert Your Name]

[Insert Your Signature (if sending a hard copy)]