

Immunization Record Request for Military Service

[Your Name]

[Your Street Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility/Organization Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request a copy of my immunization records as I am preparing for military service. My immunization history is essential for my enlistment and I need this information that is under your care.

Please include all immunizations received, the dates of administration, and any additional information pertinent to my immunization history.

For your reference, my personal details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Service Number (if applicable): [Your Service Number]

Thank you for your attention to this matter. I appreciate your prompt response, as I am on a tight timeline.

Sincerely,

[Your Name]