

Vaccination Records Request Notification

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you that we are in the process of updating our records and require your vaccination information.

To ensure your health information is accurately recorded, please provide us with a copy of your vaccination records, including:

- Name of the vaccine(s) received
- Date(s) of vaccination
- Vaccination provider's information

You can submit the required documents via email at [Insert Email] or by mail to the address listed below:

[Insert Mailing Address]

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to contact us at [Insert Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]