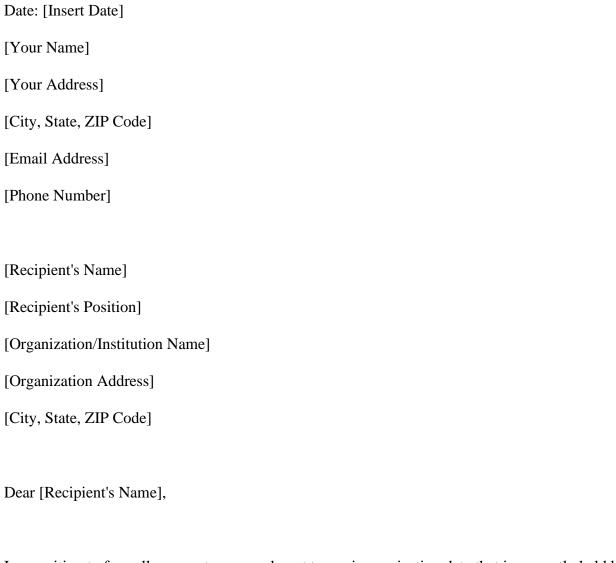
Immunization Data Amendment Request



I am writing to formally request an amendment to my immunization data that is currently held by your office. Upon reviewing my immunization records, I have identified discrepancies that I believe need to be corrected.

Details of the discrepancies are as follows:

- Vaccine Name: [Name of Vaccine]
- **Date Administered:** [Discrepant Date]
- **Correct Information:** [Correct Date or Information]

I have attached supporting documents to verify the correct immunization data for your reference.

Please let me know if you require any additional information or if there are any forms I need to complete to facilitate this amendment.
Thank you for your attention to this matter. I look forward to your prompt response.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]