

Immunization Status Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Institution/Clinic Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to inquire about my immunization records. I require this information for [reason, e.g., school enrollment, travel requirements, etc.]. Please provide me with a copy of my immunization status at your earliest convenience.

If you need any further information to assist with my request, please do not hesitate to contact me at [Your Phone Number] or [Your Email]. Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]