

# Pediatric Vaccination Status Inquiry

Date: [Insert Date]

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to inquire about the vaccination status of my child, [Child's Full Name], who was born on [Child's Date of Birth].

As we are preparing for [reason for inquiry, e.g., school enrollment, travel], it is important for us to have an updated record of all vaccinations administered to my child. Kindly provide the details of the vaccinations received and any upcoming vaccinations that may be due.

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

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]