

Vaccination Record Request

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request a copy of my vaccination record. I need these records for [insert reason, e.g., school enrollment, employment verification, travel purposes].

Details of the patient:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]

If you require any further information or documentation to process my request, please let me know. Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]