

# Vaccination Record Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request a copy of my vaccination records for immigration purposes. I am in the process of completing my immigration application, and the authorities require documentation of my vaccination history.

For your reference, my details are as follows:

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

Please include all relevant vaccination records, including dates and types of vaccinations received. I would appreciate your assistance in expediting this request, as I am on a time-sensitive schedule.

Thank you for your attention to this matter. If you have any questions or need further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]