

Vaccination Record Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Organization/Institution Name]

[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 record, as it is required for my participation in sports activities at [Name of Sports Organization or School].

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Team/Position: [Your Team/Position]

Please let me know if you require any additional information. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your support.

Sincerely,

[Your Name]