

Request for Vaccination History Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to request a copy of my vaccination history records. I need this information for [specific reason for the request, e.g., traveling, employment, school enrollment].

My details are as follows:

- Name: [Your Name]
- Date of Birth: [Your Date of Birth]

<li

If you require any further information to process this request, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Thank you for your assistance.

Sincerely,

[Your Name]