

# Immunization Status Verification

Date: [Insert Date]

To Whom It May Concern,

I am writing to request verification of the immunization status of [Patient's Full Name], born on [Patient's Date of Birth]. This information is required for [reason for verification, e.g., school enrollment, travel, etc.].

The immunizations I would like to confirm include:

- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]

Please find attached the necessary authorization form signed by [Patient's Full Name] granting permission to release this information.

Thank you for your assistance in this matter. Should you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title/Organization]

[Your Address]

[Your Phone Number]

[Your Email Address]