

Letter of Demand for Personal Vaccination Files

Date: _____

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number

To Whom It May Concern,

I am writing to formally request a copy of my personal vaccination files. As per my rights under [relevant privacy law or regulation], I understand that I am entitled to access my health records, including vaccination details.

Details for identification:

- Date of Birth: _____
- Patient ID (if applicable): _____

Please send the requested documents to the address provided above or email them to my email address.

I appreciate your prompt attention to this matter. If there are any forms or further details needed, please let me know.

Thank you for your cooperation.

Sincerely,

Your Name