

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Health Department/Organization Name]
[Department Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally inquire about obtaining copies of my official health documents. Specifically, I am looking for [specify the documents, e.g., immunization records, medical history, etc.]. My personal details are as follows:

Name: [Your Full Name]
Date of Birth: [Your DOB]
Any relevant identification number: [ID Number]

If possible, please provide information on the process required to obtain these documents, including any forms to fill out, applicable fees, and expected processing time. I would appreciate your assistance in this matter.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,
[Your Name]