

# Medical Records Update Request for Employment Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request an update to my medical records for the purpose of employment verification. As [mention your job position or offer received], my prospective employer requires confirmation of my medical history.

Please provide a copy of my medical records that can substantiate my health status as it pertains to my ability to perform the duties of the job offered.

If you require any further information or documentation to process this request, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Name]