

Health Documentation Inquiry

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 inquire about the health documentation requirements necessary for enrollment at [Institution/Organization Name]. I would like to ensure that I have all the required health records and immunizations in place prior to the enrollment deadline.

Specifically, I would like to know:

- The specific health documentation required
- Any deadlines for submission of these documents
- Contact information in case I have further questions

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]