

# Immunization Records Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request my immunization records as part of the employment verification process for [Job Title] at [Company Name]. The verification of my immunization status is a requirement for my employment.

Please include details of all vaccinations received, dates of administration, and any other relevant information in your response. If there are any forms or processes I need to complete in order to obtain this information, kindly advise me on those as well.

Your assistance in this matter is greatly appreciated. Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any questions or further information needed.

Thank you for your attention to this request.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]