

# Immunization Records Request

Date: [Insert Date]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to request my immunization records. My name is [Your Full Name], and my date of birth is [Your Date of Birth]. I have been a patient at your facility since [Year].

For my records and to ensure I am up to date with my vaccinations, I would appreciate it if you could provide me with a copy of my immunization records at your earliest convenience.

Thank you for your assistance in this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]

[City, State, Zip Code]