

Request for Immunization Records

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

[Recipient Name]
[Provider/Healthcare Facility Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a copy of my immunization records as part of my personal health records. I understand that these records are vital for my healthcare and for verifying my immunization status.

Please send the requested information to my address or email provided above at your earliest convenience. If there are any fees associated with processing this request, please let me know in advance.

Thank you for your attention to this matter.

Sincerely,

[Your Name]