

Immunization Record Update Request

Date: [Insert Date]

To: Community Health Services

[Insert Address]

[City, State, Zip Code]

Dear [Health Services Coordinator's Name],

I am writing to request an update to my immunization records. My name is [Your Full Name], and my date of birth is [Your Date of Birth]. I recently received additional immunizations that I would like to have reflected in my health records.

The details of the immunizations are as follows:

- Vaccine Name: [Insert Vaccine Name]
- Date Administered: [Insert Date]
- Administered By: [Provider's Name or Facility]

Please let me know if you require any additional information or documentation to process this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]