

# Immunization Record Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this letter finds you well. I am writing to formally request an update to my immunization records for insurance purposes.

My details are as follows:

**Name:** [Your Name]

**Date of Birth:** [Your Date of Birth]

**Insurance Company:** [Your Insurance Company]

**Policy Number:** [Your Policy Number]

I require a copy of my updated immunization records, including all vaccines administered, dates received, and any other pertinent information. This documentation is necessary for my ongoing health insurance requirements.

Please let me know if there are any forms or further information you require to process this request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]