

Immunization Record Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request an update to my immunization records for travel documentation purposes. I plan to travel to [Destination] on [Travel Dates], and my immunization records must be up-to-date to comply with entry requirements.

Could you please provide me with an updated copy of my immunization records, including [specific vaccines needed, if applicable]? I would appreciate it if you could complete this request at your earliest convenience.

Thank you for your assistance with this matter. Please let me know if you require any further information.

Sincerely,
[Your Name]