

Medical Records Request for Travel Health Clearance

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request copies of my medical records in order to obtain travel health clearance. I will be traveling to [Destination] on [Travel Dates] and I require documentation of my health status for compliance with travel health regulations.

My full name is [Your Full Name], and my date of birth is [Your Date of Birth]. Please find my contact information below:

Email: [Your Email Address]

Phone: [Your Phone Number]

As per HIPAA guidelines, I authorize the release of my medical records pertaining to my immunizations, medical history, and any other relevant health information.

Thank you for your assistance in this matter. Please let me know if you require any further information or forms to process this request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]