

COVID-19 Vaccination Record Request

Date: _____

Name: _____

Address: _____

Email: _____

Phone: _____

To Whom It May Concern,

I am writing to formally request my COVID-19 vaccination record. I require this information for [reason for request, e.g., travel, employment, etc.].

My details are as follows:

- Date of Birth: _____
- Vaccination Date(s): _____
- Vaccination Location: _____
- Vaccine Type: _____

Please let me know if you need any further information to process my request. Thank you for your assistance.

Sincerely,

(Signature)