

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Recipient Name or Office Name]
[Clinic or School Address]
[City, State, Zip Code]

Subject: Request for Missing Vaccination Records - [Child's Full Name]

Dear [Recipient Name],

I am writing to formally request a complete copy of the immunization records for my child, [Child's Full Name], born on [Child's Date of Birth].

Our records indicate that documentation is missing for the following vaccinations:

- [Vaccine Name 1] - [Approximate Date Administered]
- [Vaccine Name 2] - [Approximate Date Administered]
- [Any other missing information]

These records are required for [School Enrollment / Sports Participation / Travel / Medical Continuity]. If these vaccinations were administered at your facility, please provide the official certificates or an updated immunization card.

If you do not have these records on file, please let me know so I can contact previous healthcare providers.

Please send the records to the address listed above or via email at [Your Email Address]. I have attached a signed release form if required by your office.

Thank you for your prompt assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]