

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Organization]  
[Organization Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request a copy of my health records regarding the Tdap (tetanus, diphtheria, and pertussis) vaccine received on [date of vaccination]. This information is needed for [reason for the request, e.g., school enrollment, employment requirements, etc.].

Please include the following details in the health records:

- Date of vaccination
- Type of vaccine administered
- Name of the healthcare provider or clinic
- Any relevant health identification numbers

If there are any forms or identification required to process this request, please let me know. I appreciate your assistance in this matter. Thank you for your attention to this request.

Sincerely,

[Your Name]  
[Signature (if sending a hard copy)]