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Requesting

Immunization

Records

# Requesting Immunization Records

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## PDF Sample Letter

## Requesting

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**Sample Letter  
Requesting  
Immunitation  
Records**

Here is a sample medical records request letter. It should be written in formal business style and sent by certified mail. Since there is a time frame

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for the healthcare provider to answer, it is wise for the individual to have proof of the time the letter was received.

## **Writing a Medical Records Request Letter (with Sample**

...

[Your name] [Your address] [Date] [Name of care provider or facility] [Address] RE: [Your medical identification number

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or other identifier  
used] Dear The  
purpose of this letter is  
to request copies of my  
medical records as  
allowed by the Health  
Insurance Portability  
and Accountability Act  
(HIPAA) and  
Department of Health  
and Human Services  
regulations.

**Sample Letter to  
Request Medical  
Records | Privacy  
Rights ...**

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PDF Sample Letter

Requesting

SAMPLE LETTER B

(date) [Parent(s)]

[Address] Re:

Immunizations Dear

Parent: As you know,  
school began today. To

date, we have no

immunization records

for your child nor any

record of a request for

an exception. In order

for your child, [name of

child], to remain

enrolled, we must

**530FRM.Immunizatio**

**n Sample Letter**

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## PDF Sample Letter

### Requesting Immunization Records

Bring us your child's updated immunization record after every immunization visit until all of the required immunizations have been received. 3. If any of these immunizations were not given to your child because of medical reasons, please bring us a medical exemption letter signed by your child's doctor (MD or DO licensed in California).

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Requesting

**NOTICE OF  
IMMUNIZATIONS  
NEEDED VACCINE  
MISSING DOSE(S) ...**

Immunization Record  
Requirements [Insert  
date] Dear Parent or  
Guardian, Starting  
August 1, 2020, all  
immunization records  
turned in to schools or  
child care centers are  
required by state law  
to be medically  
verified. Immunization  
records must be turned

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Requesting  
Immunization  
Records

into the school on or  
before the first day of  
attendance.

**Medically Verified  
Records Enrollment  
Sample Parent  
Letter**

SAMPLE LETTER  
REQUEST FOR  
RECORDS

INSTRUCTIONAL NOTE:  
Submit a WRITTEN  
LETTER to the School  
District Special  
Education Director. Cc  
the Special Education

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Requesting

Program Specialist,  
principal, teacher or  
others involved with  
your child's education,  
as needed. You will  
want to retain PROOF  
of the letter's delivery.  
Consider sending the  
letter

**SAMPLE LETTER  
REQUEST FOR  
RECORDS**

The first section is a  
letter from the Patient  
to the Healthcare  
Provider requesting

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## PDF Sample Letter

### Requesting Immunization Records

that they release the medical records. This section includes important information such as the Patient's contact information, the reason for this request, and any alternate names under which the medical records may be filed.

## **Medical Records Request - Template - Word & PDF**

Immunization Record  
Request Form. All

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immunization record requests must be accompanied by documents that identify the person requesting the immunization record.

Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a

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**Record Request  
Form**

2020-2021 NYSDOH  
Immunization  
Requirements for  
School Attendance  
Chart (7/20/20) Sample  
Letter to  
Parents/Guardians for  
2020-2021  
immunizations for  
students. Sample  
Immunization Request  
Letter to Parents of  
Students in PreK - 12  
(7/2020) Instructions  
for use of the above

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Requesting

Sample Immunization

Request Letter to

Parents of Students in

PreK-12 (7 ...

## **Immunizations**

### **Forms | Notifications**

Below is a sample letter requesting medical records in a personal injury accident claim. Below we also talk a little bit about the challenges in collecting medical records. You can learn how to obtain your

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client's medical records  
quickly and cheaply  
here. December 9,  
2015. Suburban  
Hospital 8600 Old  
Georgetown Road  
Bethesda, Maryland  
20814

## **Sample Letter to Doctor Requesting Medical Records ...**

immunization record so  
that we can update our  
files. Your child's  
record must include a  
date for the

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Immunization  
Records

immunizations checked above and the doctor's signature or stamp. 2. .  
3. If any of these immunizations are against your personal beliefs, please visit [www.shotsforschool.org](http://www.shotsforschool.org) for information on requesting an exemption. 4.

**NOTICE OF  
IMMUNIZATIONS  
NEEDED VACCINE  
MISSING DOSE(S) ...**

Requested records in a

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Requesting  
sample letter

immunization records  
for two days, and a  
letter. Our mission is a  
letter requesting  
immunization copy of  
attorney that ended  
with down the er is it.

### **Select Download Format**

All immunization  
record requests must  
be accompanied by  
documents that  
identify the person  
requesting the

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immunization record.  
Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. Please ...

## **Request for State of Georgia Official Immunization Record**

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Request Letter [Date]  
Dear [Name of  
government custodian  
of record you are  
seeking]: I am  
requesting a copy of  
the following records  
pursuant to Iowa Code  
Chapter 22, the public  
records law. [Detail  
here what records you  
want.

**Sample Records  
Request Letter |  
Iowa Public**

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## PDF Sample Letter

### Requesting

### Information Board

If the district doesn't have a request form, write a letter requesting access to your child's records. You can use this sample letter to help you write it. Make sure you date the letter and keep a copy in your three-ring binder. 4. Send the letter (and copy VIPs).

### **Record-Keeping:**

### **How to Request**

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Requesting  
**Copies of Your  
Child's ...**

Authorization Letter to  
Release Information

Sample: Bob Lee My  
street 23 My town, zip  
code. DD/MM/YYYY.

England Hospital new  
street 23 my town, zip  
code. I, Bob Lee,  
authorize the  
authorities of the  
England hospital to  
release to my doctor  
any information he/she  
requires from my  
person files or any

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Immunization

**Authorization Letter  
Sample to Release  
Information**

The Washington State  
Immunization  
Information System is a  
statewide, lifetime  
immunization registry  
that keeps track of  
immunization records  
for people of all ages to  
help ensure on-time  
immunization.

Information in the  
system comes from the

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public portion of a  
child's birth certificate  
as well as  
immunization records  
from

**AUTHORIZATION TO  
RELEASE  
IMMUNIZATION  
RECORDS English**

If your child has had  
the immunization(s)  
noted below, please  
send or bring a record  
from a medical  
provider no later than

\_\_\_\_\_, Please call \_\_\_\_\_,  
*Page 24/27*

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with any questions.

Sincerely, No  
immunization record  
on file - provide a  
complete immunization  
record. Diphtheria,  
Tetanus, Pertussis  
(DTaP, DT)

## **(CHILD CARE LETTERHEAD)**

SAMPLE LETTER B [TO  
BE PLACED ON  
SCHOOL DISTRICT  
STATIONERY] [date]  
[Parent(s )] [Address]  
Re: Immunizations

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## PDF Sample Letter

### Requesting

Dear Parent: As you know, school began today. To date, we have no immunization records for your child nor any record of a request for an exception. In order for your child, [name of child], to remain

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