

Vaccination Confirmation for Travel

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Patient's Full Name], born on [Patient's Date of Birth], has received the following essential vaccinations as per the requirements for travel to [Destination Country]:

- Hepatitis A: [Date of Administration]
- Hepatitis B: [Date of Administration]
- Typhoid: [Date of Administration]
- Yellow Fever: [Date of Administration] (if applicable)
- COVID-19: [Date of Administration]

All vaccinations were administered by a licensed healthcare professional at [Healthcare Facility Name].

If you require further information, please do not hesitate to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title/Position]

[Healthcare Facility Name]

[Contact Information]