

# Vaccination Requirement Confirmation

**Date:** [Insert Date]

**To Whom It May Concern,**

This letter serves to confirm that [Patient's Full Name], born on [Date of Birth], has received the necessary vaccinations for international travel as per the guidelines set by the World Health Organization and the specific requirements of the destination country.

## Vaccinations Administered:

- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]
- [Additional Vaccines if applicable]

Should you require any further information, please feel free to contact our office at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]