

Certification of Vaccination Status

Date: [Insert Date]

To Whom It May Concern,

This letter certifies that [Traveler's Full Name], holding the passport number [Insert Passport Number], has been fully vaccinated against [Insert Disease, e.g., COVID-19].

Details of Vaccination:

- Vaccine Name: [Insert Vaccine Name]
- Date of First Dose: [Insert Date]
- Date of Second Dose: [Insert Date]
- Issuing Authority: [Insert Name of Vaccination Authority]

This vaccination status is verified and may be used for travel purposes as required by local or international health authorities.

Sincerely,

[Health Authority/Organization's Name]

[Authorized Signature]

[Contact Information]