

Immunization Record

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a formal record of immunizations for [Patient's Name], born on [Patient's Date of Birth], who is planning to travel overseas.

Immunization Details

Vaccine	Date Administered	Administered By	Certification Number
[Vaccine Name 1]	[Date]	[Administered By]	[Certification Number]
[Vaccine Name 2]	[Date]	[Administered By]	[Certification Number]

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

Sincerely,

[Healthcare Provider's Name]
[Title]
[Healthcare Facility Name]
[Address]
[Phone Number]
[Email]