

# Vaccination Confirmation Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient Name], holding the passport number [Passport Number], has received the following vaccinations:

- Vaccine Name 1 - Date Administered: [Date]
- Vaccine Name 2 - Date Administered: [Date]
- Booster Vaccine - Date Administered: [Date]

The vaccinations are in accordance with the guidelines set forth for international travel. Should you require any further information, please feel free to contact our office at [Contact Information].

Sincerely,

[Healthcare Provider's Name]

[Healthcare Facility Name]

[Address]

[Phone Number]

[Email Address]