

# Vaccination Proof

Date: [Insert Date]

To Whom It May Concern,

This is to certify that [Full Name] has received the following vaccinations:

- [Vaccine Name] - [Date Administered]
- [Vaccine Name] - [Date Administered]

This individual is fully vaccinated and complies with the health requirements for entry into [Destination].

If you require any further information, please contact:

[Your Name]  
[Your Title]  
[Your Organization]  
[Contact Information]

Thank you.

Sincerely,

[Signature]  
[Printed Name]