

# Health Status Submission for International Travel

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], am writing to submit my health status for the purpose of international travel.

As of [Insert Date], I confirm that I have been tested for [Insert Relevant Tests, e.g., COVID-19] and have received a negative result. Attached is the official documentation from the testing facility.

I am fully vaccinated against [Insert Vaccine Name] as of [Insert Vaccination Date]. Please find attached my vaccination certificate for your reference.

Additionally, I have not experienced any symptoms related to [Insert Relevant Illness] in the past [Insert Time Frame].

If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention.

Sincerely,  
[Your Full Name]

[Your Signature (if submitting a hard copy)]