

# Vaccine Appointment Confirmation

Date: [Date]

To Whom It May Concern,

This letter is to confirm that [Patient's Name], born on [Date of Birth], has an appointment for their COVID-19 vaccination.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Vaccination Site Address]
- **Vaccine Type:** [Vaccine Name]

This vaccination is being administered to satisfy travel requirements. Please feel free to contact us if you require further information.

Thank you,

[Your Name]

[Your Title]

[Your Contact Information]