

Vaccination Appointment Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that **[Patient's Full Name]**, born on **[Date of Birth]**, has an appointment for vaccination as required for travel documentation.

Appointment Details:

- **Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Clinic/Hospital Name and Address]
- **Vaccine Type:** [Insert Vaccine Name]

Please feel free to contact us at **[Contact Number]** or **[Email Address]** for any further information.

Thank you.

Sincerely,

[Your Name]

[Your Title/Position]

[Clinic/Hospital Name]

[Clinic/Hospital Address]