

Vaccination Requirement Acknowledgment

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby acknowledge that I have been informed about the vaccination requirements for travel to [Destination]. I understand that proof of vaccination is mandatory for entry and participation in activities within [Destination].

Details of my vaccination:

- Vaccine Name: [Vaccine Name]
- Date of First Dose: [Date]
- Date of Second Dose: [Date]
- Issuing Authority: [Authority]

I confirm that I will ensure compliance with all health and safety regulations related to travel.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]