

[Vaccination Record Confirmation]

To whom it may concern:

This health institution, \_\_\_\_\_  
(*name of health institution*), hereby certifies that the following named person has completed a COVID-19 vaccination course. Details are as follows:

Name of fully vaccinated person	
Passport No.	
Vaccine Name	
Final Dose Vaccination Date	

Signature \_\_\_\_\_

Name of person-in-charge \_\_\_\_\_

Position of person-in-charge \_\_\_\_\_