



MINISTRY OF HEALTH

Caribbean Commercial Complex, D3 Building
 PO. Box 60, The Valley, AI-2640, Anguilla BWI
 Tel : (264) 497 3930 • Fax: (264) 497 5695
 Website: www.gov.ai

Recipient's name
 Position, company
 Street name
 Town
 County/Country
 Postcode

 DD Month YYYY

COVID-19 Vaccination Status – 2 doses received

Name:

Date of Birth:

Passport Number:

This letter confirms that has received COVID-19 vaccination overseas as part of the UK Government's Overseas Territories Vaccination Programme in the British Overseas Territory of

Please use this letter as evidence of vaccination for travel purposes.

Dose	1 of 2
Date of vaccination	
Vaccine product	Comirnaty
Manufacturer	Biontech Manufacturing GNbH
Vaccine	SARS CoV-2 mRNA vaccine
Batch number	
Disease targeted	COVID-19
Country of vaccination	
Administering centre	INSERT HEALTH AUTHORITY AND PLACE OF ISSUE HERE

Dose:	2 of 2
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Should you have any queries regarding this letter please direct to: [Insert contact details for verification](#)

CLASSIFICATION

Queries – name/telephone/email

SIGNED INSERT NAME OF CHIEF MEDICAL OFFICER