



Medical Officer of Health

95 Hospital Road, PO Box 915
Grand Cayman KY1-1103,
CAYMAN ISLANDS
Tel: (345) 949 8600

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	Dose:	2 of 2
Date of vaccination		Date of vaccination	
Vaccine product	Comirnaty	Vaccine product	Comirnaty
Manufacturer	Biontech Manufacturing GNbH	Manufacturer	Biontech Manufacturing GNbH
Vaccine	SARS CoV-2 mRNA vaccine	Vaccine	SARS CoV-2 mRNA vaccine
Batch number		Batch number	
Disease targeted	COVID-19	Disease targeted	COVID-19
Country of vaccination		Country of vaccination	
Administering centre	Health Services Authority, Cayman Islands.	Administering centre	Health Services Authority, Cayman Islands.

Should you have any queries regarding this letter please direct to: Medical Officer of Health on [REDACTED] or [REDACTED].

Sincerely,

[REDACTED]

Medical Officer of Health



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Dose	1 of 2	Dose:	2 of 2
Date of vaccination		Date of vaccination	
Vaccine product	Vaxzevria	Vaccine product	Vaxzevria
Manufacturer	AstraZeneca AB	Manufacturer	AstraZeneca AB
Vaccine	SARS CoV-2 antigen vaccine	Vaccine	SARS CoV-2 antigen vaccine
Batch number		Batch number	
Disease targeted	COVID-19	Disease targeted	COVID-19
Country of vaccination		Country of vaccination	
Administering centre	Health Services Authority, Cayman Islands	Administering centre	Health Services Authority, Cayman Islands

Should you have any queries regarding this letter please direct to: Medical Officer of Health on [REDACTED] or [REDACTED].

Sincerely,

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