



Ministry of Health & Social Services

Health Headquarters

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Brades

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

DD Month YYYY

COVID-19 Vaccination Status – 2 doses received

Name: [REDACTED]

Date of Birth: [REDACTED]

Passport Number: [REDACTED]

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

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

Dose	1 of 2	Dose:	2 of 2
Date of vaccination	March 3, 2021	Date of vaccination	May 5, 2021
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	AB0010	Batch number	AB0010
Disease targeted	COVID-19	Disease targeted	COVID-19
Country of vaccination	MONTSERRAT	Country of vaccination	MONTSERRAT
Administering centre	ST. JOHN'S HEALTH CENTRE, ST. JOHN'S	Administering centre	ST. JOHN'S HEALTH CENTRE, ST. JOHN'S

Should you have any queries regarding this letter please direct to: **Chief Medical Officer** [REDACTED]

[REDACTED]

SIGNED

[REDACTED]