

<name>

By email: <Address>

Dear <name>

Confirmation of COVID-19 Vaccination

Thank you for your request to the Ministry of Health, New Zealand (the Ministry) on <date> for confirmation of COVID-19 vaccination.

The table below confirms the details of the COVID-19 vaccine administered to <name> in New Zealand. This information was sourced from New Zealand's COVID Immunisation Register (CIR) on <date>.

Name in passport (as entered by you in the request form) <full name>

Last Name		First Name/s		NHI Number		Date of Birth	
<Last name>		<First name>		<NHI>		<DOB>	
Dose	Vaccine name	Vaccine sponsor ¹	Disease targeted	Date Administered	Batch number		
Dose 1	Comirnaty (COVID-19 mRNA vaccine)	Pfizer New Zealand Limited	COVID-19	<Date 1>	Batch number		
Dose 2	Comirnaty (COVID-19 mRNA vaccine) ²	Pfizer New Zealand Limited	COVID-19	<Date 2>	Batch number		

You have a right to ask the Ministry to amend any incorrect information we hold about you. Please contact us via email at vaccinestatus@health.govt.nz if you believe any personal information requires correction or if you require any further information held about you in the CIR.

Yours sincerely



Joanne Gibbs
National Director
COVID-19 Vaccine and Immunisation Programme
Ministry of Health
New Zealand

¹ This is the New Zealand equivalent of a vaccine market authorisation holder.