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**LETTERHEAD with all details (name of organisation, address, telephone etc.)**

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Date

RE: [Patient name]

[Address1]

[Address2]

[Phone]

Date of Birth: [ / / ], Age: [ ], NHI […………]

Mr. / Mrs. [**NAME OF APPLICANT**] is a patient of this clinic. He has received the Meningococcal and Influenza vaccine today.

This is to confirm that [**NAME OF APPLICANT**] of [**CITY**] is a member of or known to our association. The person is a Muslim and a **[COUNTRY]** Citizen.

**Immunisations**

[Date], Flu 65+, Given

[Date], Nimenrix ACWY, Given

Kind Regards

[Signature]

Dr [Name]

[Doctor Stamp]

[Mobile] [Stamp of Medical Centre]