

Authorization Letter for SSS

Date:

Subject: Authorization letter for [X]

To Whom It May Concern

I, Dr. (Mention your name), head of the gynecology department in ABC hospital authorizes Mrs. XYZ to take vaccination of COVID-19 after carefully considering her medical and pregnancy condition. She is completely fit for administering vaccines. Therefore, she is allowed to take full two doses of (mention the name of the vaccine) in her second trimester. It is hereby stated that she is allowed to go through the only course of action that has been mentioned above. I or the hospital will not be responsible if she uses this letter for any other purpose.

I appreciate Mrs. XYZ's concern about the vaccine and her efforts to curb the spread of the virus. Please call on the official phone number of the hospital to know more about this.

Yours truly,

Name of the doctor

Signatures
