

<Name>

By email: <email>

Ref: <reference number>

Dear <Name>

Confirmation of COVID-19 Vaccination

Thank you for your request to the Ministry of Health New Zealand (the Ministry) for confirmation of COVID-19 vaccination on <Date 2021>. This has been provided under the Privacy Act 2020 (the Act).

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

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

You have a right to ask the Ministry to amend any incorrect information we hold about you. Please contact us if you believe any personal information requires correction or if you require any further information held about you in the CIR.

I trust that this information fulfils your request. You have the right to seek a review of any decisions made regarding this request under section 70 of the Act from the Privacy Commissioner. The Commissioner can be contacted at: enquiries@privacy.org.nz or by calling 0800 803 909.

Yours sincerely

Joanne Gibbs
National Director
COVID-19 Vaccine and Immunisation Programme

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