GREATER CHENNAI CORPORATION
PUBLIC HEALTH DEPARTMENT/ MEDICAL SERVICES DEPARTMENT
ZONE - 12
COVID-19 Vaccination Card

Name: KANDASAMY Age 60 Gender : M Mob: 7397065709

Sl. No.	Vaccine type (Covishield/ Covaxin)	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
1st Dose	CS	11-9-2021			MEDICAL OFFICER, NANGANALLUR HEALTHPOST, ZONE 12, ALANDOR, CHENNAI CORPORATION.
2nd Dose	CS	2-1-2021			
Reactions if any:-					