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GREATER CHENNAI CORPORATION
PUBLIC HEALTH DEPARTMENT/
MEDICAL SERVICES DEPARTMENT
ZONE -

COVID-19 Vaccination Card

Name: Prabhu Age: 35 Gender: M Mob: 7550163404.

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	Covishield	12/9/21	8/12/21	MEDICAL OFFICER Vivekanandha Nagar, UPHC No. 39, Appair Street, Kodungaiyur, Chennai-118.	
2nd Dose					
Reactions if any:-					