




**GREATER CHENNAI CORPORATION  
PUBLIC HEALTH DEPARTMENT  
ZONE - 4  
COVID-19 Vaccination Card**

Name: Alagurusevi Age: 41 Gender: F Mob: 7845835100

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
	<del>Covishield/</del> Covaxin				
1st Dose	Covaxin	27/3/21	24/4/21		
2nd Dose	Covaxin	28/4/21		