(16)

Transport comm.

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

Name: O.S CHARLES HOTEL Age : 30 Gender : M Mob: 9003212947

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facitlity
	Covishield/ ~~Covaxin~~				
1st Dose	COVI SHIELD	7/8/21	25/10/21	07-08-21	MEDICAL OFFICER, STAFF DISPENSARY, RIPON BUILDINGS, CORPORATION OF CHENNAI
2nd Dose		18/11/2021	2ND Dose completed.		
Reactions if any:-					