




**GREATER CHENNAI CORPORATION
PUBLIC HEALTH DEPARTMENT/
MEDICAL SERVICES DEPARTMENT**

ZONE - 8

COVID-19 Vaccination Card

Name: Ambika Age: 30 Gender: f Mob: 6869784641

Name: <u>Ambika</u>					
Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
	<u>Covishield/ Govaxin</u>				
1st Dose	<u>✓</u>	<u>05/11/21</u>	<u>after 28 days</u>	<u>[Signature]</u>	
2nd Dose					
Reactions if any:-					