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

Name: B.R. Kishan Age : 31 Gender : M Mob:

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
	Covishield/ ~~Covaxin~~ ~~Sudhakar~~				
1st Dose		8/1/22	8/4/22		GREATER CHENNAI CORP. UPHC ZONE-X
2nd Dose					