

GREATER CHENNAI CORPORATION PUBLIC HEALTH DEPARTMENT

COVID-19 Vaccination Card

ZONE - 5

Vaccine Vaccine Date of Next booster type Vaccination Dose (Date) Covishield/ Covishield/ Covaxin WED WED BR	7	person of the second	
Next booster Dose (Date) Next booster	2nd Dose	1st Oose	Name SI.
Next booster Dose (Date) Next booster Next booster Next booster NEC	or will	CYBILLIST NO.	Vaccine type Covishield
Gende Cooster (Date) MED BR ORPO	200	18/8/45	Date of Vaccination
Signature of the medical of the medical of the facitity of the	MED BR	10/5/21	Gende pooster (Date)
Official stamp/ Name of the facility FFICER UPHC	ICAL O		Signature of the medical officer
	FFICER		の解icial stamp/ Official stamp/ Name of the facitlity

CORPORATION OF CHENNA!