



**GREATER CHENNAI CORPORATION**  
**PUBLIC HEALTH DEPARTMENT**  
**ZONE - 5**  
**COVID-19 Vaccination Card**

Name: Rabiyathulla Age: 25 Gender: F Mob: 9025798345

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
1st Dose	<u>Covishield/ Covaxin</u>	<u>27/3/21</u>	<u>10/5/21</u>		
2nd Dose	<u>Covishield</u>	<u>5/5/21</u>			

**MEDICAL OFFICER**  
**BRN GARDEN UPHC**  
**CORPORATION OF CHENNAI**