



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

COVID-19 Vaccination Card

Name: Jahnuhaa B Age: 40 Gender: F Mob: 9092044758

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
	Covishield/ Covaxin				
1st Dose	<u>Covishield</u>	<u>9.6.21</u>	<u>After 84 days</u>		
2nd Dose	<u>Covishield</u>	<u>9.9.21</u>	<u>—</u>		<u>[Signature]</u>
Reactions if any:-					

**MEDICAL OFFICER
RAJENDRAVELU
CORPORATION OF CHENNAI**