





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

Name: Mohana Babu Age: 39 Gender: M Mob: 9498105688

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	✓	12/9/21	3/12/21		
2nd Dose	C.S	11/12/21	Done		
Reactions if any:-					