GREATER CHENNAI CORPORATION
PUBLIC HEALTH DEPARTMENT
ZONE - 9
COVID-19 Vaccination Card

Name: P. Gandhimathi Age : 40 Gender : F Mob:

Sl. No.	Vaccine type ~~Covishield~~/ Covaxin	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facitlity
1st Dose	✓	22/3/21	20/4/21		
2nd Dose	✓	26/4/21			