




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

Name: A. Akshaya Age : 26 Gender : F Mob:

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