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

Name: Vignesh. Age : 27 Gender : M Mob: 9551675561

| 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 | 11 | 3/7/21 | After 83day | | |
| 2nd Dose | | | | | |
| Reactions if any:- | | | | | |