



GREATER CHENNAI CORPORATION
PUBLIC HEALTH DEPARTMENT
ZONE - 4
COVID-19 Vaccination Card

Name: Kamalakasan Age : 32 Gender : m Mob: 9600111588

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>Covaxin</u>	<u>10:40 AM</u> <u>3</u> / <u>4</u> / <u>21</u>	<u>3</u> / <u>5</u> / <u>21</u>	<u>[Signature]</u>	<u>MEDICAL OFFICER</u> <u>P.C.C. NAGAR UPHC</u> <u>CORPORATION OF CHENNAI</u>
2nd Dose					