



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

Name: Poniyandarsini Age: 32 Gender: P Mob: 9884984538

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	✓	8.6.21	6.7.21		
2nd Dose	2nd dose given	24/7/21			
Reactions if any:-					

Completed

for all V
Medical Officer
Triplicane H.P.
Corporation of Madras