

Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.

Phone: 044-30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



(Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare. Govt. of India New Delhi)

VACCINATION CARDS STUDENTS



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.

Phone: 044-30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



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TAGORE MEDICAL COLLEGE & HOSPITAL Rathinamangalam, Melakottaiyur Post, Chennai - 600 127.	TAGORE MEDICAL COLLEGE & HOSPITAL Rathinamangalam, Melakottaiyur Post, Chennai - 600 127.
Hepatitis B Vaccination Card	Hepatitis B Vaccination Card
Employee Name: Mr. Tejas dajut.	Employee Name Mr. gut Manalan
Designation : MIZIX	Designation : Mipns
Department: Ast cyrs Student'	Department: 3 st ye steelent
The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.	The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.
Initial Vaccination Date Second Vaccination Date Signature Signa	Initial Vaccination Date Second Vaccination Date Slight Verified By: Third Vaccination Date Slight Verified By: Verified By:
My Hepatiti's B Vaccination Series (all three doses) is Completed.	My Hepatiti's B Vaccination Series (all three doses) is Completed.
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer
Booster Dose Vaccination	Booster Dose Vaccination
administered on Verified By:	administered on Verified By:
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer



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DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

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Hepatitis B Vaccination Card	Hepatitis B Vaccination Card
Employee Name : Mr. Balaji	Employee Name: Mr. Sakthive
Designation : MRDS	Designation : MRRC Department : 15+ Y Leo
Department: JStyn Stadant	Department : LA Y LOO
The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.	The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.
Initial Vaccination Date Second Vaccination Date Standard Verified By: Verified By: Verified By: Verified By:	Initial Vaccination Date
My Hepatiti's B Vaccination Series (all three doses) is Completed.	My Hepatiti's B Vaccination Series (all three doses) is Completed.
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer
Booster Dose Vaccination administered on Verified By:	Booster Dose Vaccination administered on Verified By:
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer



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Rathinamangalam, Melakottaiyur Post, Chennai - 600 127.	7831539
Hepatitis B Vaccination Card	Hepatitis B Vaccination Card
Employee Name: Mr. Past dauf morm.	Employee Name : Mr. Jawin Jiran.
Designation : MRRS	Designation : MBBS
Employee Name : Mr. Part daub morm. Designation : MRRS Department : 1st yr Studiet	Department: 13+ Year Student
The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.	The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.
Initial Vaccination Date Second Vaccination Date Third Vaccination Date Third Vaccination Date Verified By: Verified By: Verified By:	Initial Vaccination Date Second Vaccination Date Third Vaccination Date Story Verified By: Verified By: Verified By:
My Hepatiti's B Vaccination Series (all three doses) is Completed.	My Hepatiti's B Vaccination Series (all three doses) is Completed.
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer
Booster Dose Vaccination	Booster Dose Vaccination
administered on Verified By:	administered on Verified By:
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer



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Hepatitis B Vaccination Card	Hepatitis B Vaccination Card
Employee Name: Mr. Rast daub mom-	Employee Name : Mr. Jawin Jiran.
Designation : MRRA	Designation : MBBS
Employee Name : Mr. Part daub morn. Designation : MRPS Department : 44 yrs Sharlot	Designation : MBBS Department : 13+ Year Student
The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.	The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.
Initial Vaccination Date Second Vaccination Date Third Vaccination Date Third Vaccination Date Verified By: Verified By: Verified By:	Initial Vaccination Date Second Vaccination Date
My Hepatiti's B Vaccination Series (all three doses) is Completed.	My Hepatiti's B Vaccination Series (all three doses) is Completed.
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer
Booster Dose Vaccination administered on Verified By:	Booster Dose Vaccination administered on Verified By:
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer



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Hepatitis B Vaccination Card	Hepatitis B Vaccination Card
Employee Name : Mr. Kalaji	Employee Name : Mr. Vuhnu efalar
Designation : MR123	Designation : Mass
Employee Name : Mr. Kalaji Designation : MRts Department : Jstyn Studmit	Department: 1st yn Afachut
The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.	The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.
Initial Vaccination Date Second Vaccination Date Third Vaccination Date Third Vaccination Date Second Vaccination Date Second Vaccination Date Verified By: Verified By: Verified By:	Initial Vaccination Date 5 124 Verified By: Verified By: Third Vaccination Date 5124 Verified By: Verified By
My Hepatiti's B Vaccination Series (all three doses) is Completed. Employee Signature Infection Control Medical Officer	My Hepatiti's B Vaccination Series (all three doses) is Completed. Employee Signature Infection Control Medical Officer
Booster Dose Vaccination administered on Verified By:	Booster Dose Vaccination administered on Verified By:
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer



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Hepatitis B Vaccination Card	Hepatitis B Vaccination Card
Employee Name : Mr. 18huvanesh	Employee Name : Mr. Harrhalan
Designation : MRBI	Designation : MBRS
Employee Name : Mr. 18hwaneth Designation : MRB1 Department : Ast y & fuelant	Department: 1st gr Steedont
The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.	The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.
Initial Vaccination Date 516124 Verified By: Second Vaccination Date 517124 Verified By: Third Vaccination Date 5112124 Verified By:	Initial Vaccination Date Second Vaccination Date Style="background-color: lightblue;"> 51124 Verified By:
My Hepatiti's B Vaccination Series (all three doses) is Completed.	My Hepatiti's B Vaccination Series (all three doses) is Completed.
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer
Booster Dose Vaccination administered on Verified By:	Booster Dose Vaccination administered on Verified By:
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer



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TAGORE MEDICAL COLLEGE & HOSPITAL	
Rathinamangalam, Melakottaiyur Post, Chennai - 600 127.	TAGORE MEDICAL COLLEGE & HOSPITAL Rathinamangalam, Melakottaiyur Post, Chennai - 600 127.
Hepatitis B Vaccination Card	Hepatitis B Vaccination Card
Designation : MRDs Department : Astyr (studied)	Employee Name : Mr. Anyriya
Designation : MRDs	Designation : MBB
Department: AST yrs (Studios)	Department : A^{St} y.
The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.	The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.
Initial Vaccination Date 5 7 24 Verified By: Verified By:	Initial Vaccination Date 516124 Verified By:
() () () () () () () ()	Second Vaccination Date 517124 Verified By:
Third Vaccination Date S 12 9. Verified By:	Third Vaccination Date
My Hepatiti's B Vaccination Series (all three doses) is Completed.	My Hepatiti's B Vaccination Series (all three doses) is Completed.
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer
Paratas Para Varcination	
Booster Dose Vaccination administered on Verified By:	Booster Dose Vaccination administered on Verified By:
Employee Signature Infection Control Medical Officer	Employee Signature Infection Control Medical Officer



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VACCINATION CARDS FACULTIES



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TAGORE MEDICAL COLLEGE & HOSPITAL Rathinamangalam, Melakottaiyur Post, Chennai - 600 127.		
Hepatitis B Vaccinati	on Card	
Employee Name : AR. P. R. THE	NMOZHIVALLI	
Designation : LAB DIRECTO	R	
Department : MICROBIOLO	ay	
The three dose vaccination series is administered second dose one month after the first dose, and the third dose. You are responsible for maintaining your vaccination (or post vaccination test if required). The series is not contact achieved until all three doses have been administered Medical officer.	dose five months after the second on record until the final vaccination omplete nor is optimum protection	
Initial Vaccination Date Ver	ified By:	
Second Vaccination Date Veri	ified By:	
Third Vaccination Date Ver	ified By:	
My Hepatiti's B Vaccination Series (all three Employee Signature Infe	doses) is Completed. ction Control Medical Officer Reg. No. 87995	
Booster Dose Vaccination administered on	farified Du	
	erified By:	



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TAGORE MEDICAL COLLEGE & HOSPITAL Rathinamangalam, Melakottaiyur Post, Chennai - 600 127.		
Hepatitis B Vaccination Card		
Employee Name : Dr. I - KANNAN		
Designation : ASSOCIATE PROFESSOR		
Department : MICROSIOLOGY		
The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer.		
Initial Vaccination Date Verified By:		
Second Vaccination Date Verified By:		
Third Vaccination Date Verified By:		
My Hepatiti's B Vaccination Series (all three doses) is Completed. Employee Signature Infection Control Medical Officer Reg. No. 87995		
dministered on Verified By:		
Employee Signature Infection Control Medical Officer		



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TAGOI Rathi	RE MEDICAL COLLE	GE & HOSPITAL Act, Chennai - 600 127.
	Hepatitis B Vaccina	tion Card
Employee Name Designation Department	: Dr. SONY PA : PROFFSSOR : MICROBIOLOGY	
second dose one mor	th after the first dose, and the th sible for maintaining your vaccina est if required). The series is no	ed over a six-months period with the ird dose five months after the second ation record until the final vaccination of complete nor is optimum protection red and verified by Infection Control
Initial Vaccination Da	ite	Verified By:
Second Vaccination	Date	Verified By:
Third Vaccination Da	te	Verified By:
My Hepatiti's B Vaccination Series (all three doses) is Completed.		
Employee Signat	uredov	Infection Control Medical Officer Dr. P. SAVETHA Reg. No: 87995
Booster Dose Vaccin	nation	
administered on		Verified By:
Employee Signatur	9	Infection Control Medical Officer



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.

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TAGORE MEDICAL CO Rathinamangalam, Melakottaiy Hepatitis B Vac	
Employee Name : Dr. D. SAN	VET HA
Designation : ASS OCIATE Department : AICROBIO	
The three dose vaccination series is ad second dose one month after the first dose, a	dministered over a six-months period with the and the third dose five months after the second our vaccination record until the final vaccination peries is not complete nor is optimum protection administered and verified by Infection Control
	Verified By:
Initial Vaccination Date Second Vaccination Date	1011111
Third Vaccination Date	Verified By:
My Hepatiti's B Vaccination S	Series (all three doses) is Completed.
Employee Signature	Infection Control Medical Officer Dr. P. SAVETHA Reg. No. 87995
Booster Dose Vaccination administered on	Verified By:
Employee Signature	Infection Control Medical Officer



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TAGORE MEDICAL COI	LLEGE & HOSPITAL or Post, Chennal - 600 127.
Hepatitis B Vacc	
Employee Name : DR. PREETI	A I
Designation : ASSOCIATE	PROFESSOR
Department : MICROBIOL	-067
second dose one month after the first dose, and to dose. You are responsible for maintaining your va (or post vaccination test if required). The series achieved until all three doses have been admir Medical officer.	is not complete nor is optimum protection histered and verified by Infection Control
Initial Vaccination Date 17. 7. 2024	Verified By:
Second Vaccination Date Third Vaccination Date	Verified By:
My Hepatiti's B Vaccination Series (Employee Signature	Infection Control Medical Officer Dr. P. SAVETHA Reg. No: 87995
Booster Dose Vaccination	
administered on	Verified By:
Employee Signature	Infection Control Medical Officer



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TAGORE MEDICAL COL	Post, Chennal - 600 127.
Hepatitis B Vacci	ination Card
Employee Name : Dr. Malini	Evangeline Rose
Designation : Assistant	professor
Department : Microbiology	1
The three dose vaccination series is administ second dose one month after the first dose, and the dose. You are responsible for maintaining your vac (or post vaccination test if required). The series is achieved until all three doses have been administ Medical officer.	e third dose five months after the second cination record until the final vaccination s not complete nor is optimum protection
Initial Vaccination Date	Verified By:
Second Vaccination Date	_ Verified By:
Third Vaccination Date	Verified By:
My Hepatiti's B Vaccination Series (a	
Employer Signature	Infection Control Medical Officer Dr. P. SAVETHA Reg. No. 87995
Booster Dose Vaccination	
administered on	Verified By:
Employee Signature	Infection Control Medical Officer



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.

Phone: 044-30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com

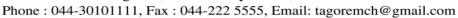


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TAGORE MEDICAL COLLE Rathinamangalam, Melakottalyur Po	Plantin-100
Designation : SENIOR RESIDED	DENT
The three dose vaccination series is administed second dose one month after the first dose, and the todose. You are responsible for maintaining your vaccing (or post vaccination test if required). The series is not achieved until all three doses have been administed. Medical officer.	nation record until the final vaccination
Initial Vaccination Date & U. 12.2.3 Second Vaccination Date 15.12.2.4 Third Vaccination Date	Verified By: Verified By:
My Hepatiti's B Vaccination Series (all Employee Signature	Infection Convol Medical Officer Reg. No: 87995
Booster Dose Vaccination administered on Employee Signature	Verified By: Infection Control Medical Officer



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TAGO	DRE MEDICAL COLLEGE & HOSPITAL hinamangalam, Melakottaiyur Post, Chennai - 600 127. Hepatitis B Vaccination Card
Employee Name	DR. J. VIGNESH CHANDRAN
Designation	: SENIOR RESIDENT
Department	: MICROBIOLDWY
second dose one modose. You are responsive to accination achieved until all the Medical officer. Initial Vaccination In Second Vaccination In Third Vaccination In Initial Vaccination Init	e vaccination series is administered over a six-months period with the onth after the first dose, and the third dose five months after the second possible for maintaining your vaccination record until the final vaccination in test if required). The series is not complete nor is optimum protection three doses have been administered and verified by Infection Control Date 17.7.2024 Verified By: Verified By: Date Verified By: Date Verified By:
1 Com ha	
Employee Sign	Infection Cont of Medical Officer Dr. P. SAVETHA Reg. No: 87995
Booster Dose Vac	
Employee Signat	ture Infection Control Medical Officer



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.

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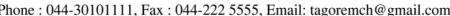


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VACCINATION CARDS OTHER STAFFS



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.





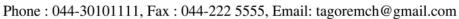
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	DHA AN-(VIROLOGY).
Designation LAB TECHNICIA	IN-(VIROLOGY).
Department : MICROBIOLO	
	2017
achieved until all three doses have been adr Medical officer.	
Initial Vaccination Date Second Vaccination Date	
Second Vaccination Date	Vermod by.
	Verified By:
Third Vaccination Date	Verified By:
	Verified By:
My Hepatiti's B Vaccination Serie	verified By:es (all three doses) is Completed.
Third Vaccination Date	Verified By:
My Hepatiti's B Vaccination Series	Verified By: es (all three doses) is Completed. Infection Control Medical Officer
My Hepatiti's B Vaccination Serie	Verified By: es (all three doses) is Completed. Infection Control Medical Officer



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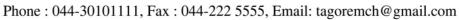


Filone: 044-50101111, Fax: 044-222 5555, Email: tagoremen@gmail.com

	Hepatitis t	B Vaccination Card
Employee Name	· y. 500	
Designation	LAB T	ECHNICIAN - CVIrology]
Department	: Microbi	ology
dose. You are resp	ponsible for maintainin	ose, and the third dose five months after the second on your vaccination record until the final vaccination one series is not complete nor is optimum protection
achieved until all Medical officer.	three doses have be	een administered and verified by Infection Control
Medical officer.		een administered and verified by Infection Control Verified By:
Medical officer.	n Date	en administered and verified by intection Control
Medical officer.	n Date	verified By:
Medical officer. Initial Vaccination Second Vaccination Third Vaccination	n Date	Verified By: Verified By:
Medical officer. Initial Vaccination Second Vaccination Third Vaccination My He	n Date ion Date n Date epatiti's B Vaccination	Verified By: Verified By: Verified By: Verified By: Infection Control Medical Officer
Medical officer. Initial Vaccination Second Vaccination Third Vaccination	n Date ion Date n Date epatiti's B Vaccination	Verified By: Verified By: Verified By: Verified By: Verified By: Verified By: Neries (all three doses) is Completed.
Medical officer. Initial Vaccination Second Vaccination My Ho Employee Sig	n Dateion Date n Date epatiti's B Vaccination gnature	Verified By: Verified By: Verified By: Verified By: Infection Control Medical Officer
Medical officer. Initial Vaccination Second Vaccination My Ho Employee Sig	n Dateion Date n Date epatiti's B Vaccination gnature	Verified By: Verified By: Verified By: Verified By: Infection Control Medical Officer



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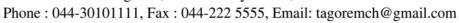


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3		nangalam, Me	
		Hepatitis	B Vaccination Card
Employee Name		Miss	SUJITHA
Designation		LAB	TECHNICIAN (VIROLOLY)
Department	:	MICR	DISTOLOGY
(or post vaccination	n test i	f required). T	ng your vaccination record until the final vaccination he series is not complete nor is optimum protection
Medical officer.		loges have b	een administered and verified by Infection Control
Medical officer. Initial Vaccination I			Verified By:
Initial Vaccination	Date		Verified By:
	Date on Date		Verified By: Verified By:
Initial Vaccination I Second Vaccinatio Third Vaccination I	Date on Date	,	Verified By: Verified By:
Initial Vaccination I Second Vaccinatio Third Vaccination I	Date on Date	,	Verified By: Verified By: Verified By: Verified By: Series (all three doses) is Completed.
Initial Vaccination I Second Vaccinatio Third Vaccination I	Date on Date Date Datiti's	,	Verified By: Verified By: Verified By:
Initial Vaccination I Second Vaccination I Third Vaccination I My Hep Employee Sign	Date on Date Date Datiti's ature cinatio	B Vaccinatio	Verified By: Verified By: Verified By: In Series (all three doses) is Completed. Infection Control Medical Officer Dr. P. SAVETHA Reg. No: 87995
Initial Vaccination I Second Vaccination Third Vaccination I My Hep Employee Sign	Date on Date Date Datiti's ature cinatio	B Vaccinatio	Verified By: Verified By: Verified By: Series (all three doses) is Completed. Infection Control Medical Officer Dr. P. SAVETHA



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.



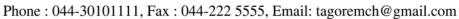


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Employee Name : Designation :)	LAB TECHA	HOSH	ology)
Designation : 1	AB TECHA	ICIAN CUM	ology)
Department : I	AB TECHA	ICIAN CUIT	ودولاعاء
Department : I	uccrossol		
		oby	
dose. You are responsible to (or post vaccination test if achieved until all three do Medical officer.	ses have been administ	ered and tormer sy	
Initial Vaccination Date	16 . 71. 20 24	Verified By:	
Grand Vaccination Date		Verified By:	
Second Vaccination Date	16 . 1. 2024	Verified By:	
Second Vaccination Date Third Vaccination Date		Verified By: Verified By: three doses) is Comp	leted.
My Hepatiti's	3 Vaccination Series (al	Verified By: Verified By: three doses) is Comp	edical Officer P. SAVETHA N. No.: 87995



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.



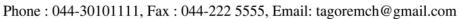


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Rathinamangalam, Melako	COLLEGE & HOSPITAL ottaiyur Post, Chennai - 600 127.
Hepatitis B	Vaccination Card
Employee Name : MISS	
Designation : LAB TE	CHNICIAN- Virelogy
Department : MICrobi	
second dose one month after the first dose, dose. You are responsible for maintaining yo (or post vaccination test if required). The stackieved until all three doses have been a Medical officer.	administered over a six-months period with the and the third dose five months after the second our vaccination record until the final vaccination eries is not complete nor is optimum protection administered and verified by Infection Control
Initial Vaccination Date 16.7.20	24 Verified By:
Initial Vaccination Date 16・1・26 Second Vaccination Date	Verified By: Verified By:
Second Vaccination Date	Verified By: Verified By: Verified By:
Second Vaccination Date Third Vaccination Date	Verified By:
Second Vaccination Date Third Vaccination Date	Verified By:
Second Vaccination Date Third Vaccination Date My Hepatiti's B Vaccination Se Employed Signature	verified By: Verified By: ries (all three doses) is Completed.
Third Vaccination Date	verified By: Verified By: ries (all three doses) is Completed.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.



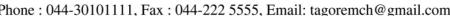


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TAGORE MEDICAL COLI Rathinamangalam, Melakottalyur Hepatitis B Vacci	Post, Chennai - 600 127.
Employee Name : MISS KAV Designation : LAB TECHN Department : MICYO holo	NCIAN-(VIrology)
The three dose vaccination series is administ second dose one month after the first dose, and the dose. You are responsible for maintaining your vaccination test if required). The series is achieved until all three doses have been administ Medical officer.	cination record until the final vaccination not complete nor is optimum protection stered and verified by Infection Control
Initial Vaccination Date 16.7.2024	
Second Vaccination Date	Verified By:
Third Vaccination Date	_ Verified By:
My Hepatiti's B Vaccination Series (al Employee Signature	I three doses) is Completed. Infection Control Medical Officer Dr. P. SAVETHA
	Reg. No: 87995
Booster Dose Vaccination administered on	Verified By:
Employee Signature	Infection Control Medical Officer



Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.





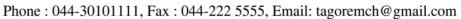
Phone: 044-30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com

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TAGORE MEDICAL COLLEGE & HOSPITAL Rathinamangalam, Melakottaiyur Post, Chennai - 600 127. **Hepatitis B Vaccination Card** : MRC. KAVITHA **Employee Name** : ATTENDER - VIRGLOWY Designation : MICROBIOLOGY Department The three dose vaccination series is administered over a six-months period with the second dose one month after the first dose, and the third dose five months after the second dose. You are responsible for maintaining your vaccination record until the final vaccination (or post vaccination test if required). The series is not complete nor is optimum protection achieved until all three doses have been administered and verified by Infection Control Medical officer. Verified By: Initial Vaccination Date Verified By: Second Vaccination Date Verified By: Third Vaccination Date My Hepatiti's B Vaccination Series (all three doses) is Completed. Infection Control Medical Officer **Booster Dose Vaccination** Verified By: administered on Infection Control Medical Officer **Employee Signature**



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TAGO Ra	ORE MEDICAL C	OLLEGE & HOSPITAL aiyur Post, Chennai - 600 127.
	Hepatitis B Va	accination Card
Employee Name	: MRS. VA	ALAN
Designation	: ATTENDE	ER-VIROLOGY
Department	: MICROB	102064
second dose one m dose. You are respo (or post vaccination	onth after the first dose, a onsible for maintaining you n test if required). The ser	ministered over a six-months period with the nd the third dose five months after the second are vaccination record until the final vaccination ies is not complete nor is optimum protection aministered and verified by Infection Control
Initial Vaccination [Date	Verified By:
Second Vaccination	n Date	Verified By:
Third Vaccination D	oate	Verified By:
My Hep M. Vaude Employee Signa		Infection Control Medical Officer Dr. P. SAVETHA Red. No. 87995
Booster Dose Vacco		Verified By:
Employee Signatu	ire	Infection Control Medical Officer