

**TAGORE MEDICAL COLLEGE & HOSPITAL**

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**



# TAGORE MEDICAL COLLEGE & HOSPITAL

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)



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Tegas Rajar.  
Designation : MBBS  
Department : 1st yr 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Jeet Nandan  
Designation : MBBS  
Department : 1st yr 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer

[Signature]  
DEAN  
TAGORE MEDICAL COLLEGE & HOSPITAL  
RATHINAMANGALAM, MELAKKOTTAIYUR POST,  
CHENNAI-600 127.





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Balaji  
Designation : MBBS  
Department : 1st yr 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Sakthivel  
Designation : MBBS  
Department : 1st Yr

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 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Ms. Rasit Lakshman  
Designation : MBBS  
Department : 1st yr 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Jawin Jirar  
Designation : MBBS  
Department : 1st 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Basit Rahman  
Designation : MBBS  
Department : 1st 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Jawin Jirah  
Designation : MBBS  
Department : 1st 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Balaji  
Designation : MRBS  
Department : Jt yr 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: \_\_\_\_\_

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Vithu eharan  
Designation : MRBS  
Department : Jt yr 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: \_\_\_\_\_

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Bhuvaneesh  
Designation : MBBS  
Department : 1st yr 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Haritharan  
Designation : MBBS  
Department : 1st yr 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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer

[Signature]  
DEAN  
TAGORE MEDICAL COLLEGE & HOSPITAL  
RATHINAMANGALAM, MELAKKOTTAIYUR POST,  
CHENNAI-600 127.





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mrs. Jayakani  
Designation : MRB  
Department : 1<sup>st</sup> yr (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.

Initial Vaccination Date 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



### Hepatitis B Vaccination Card

Employee Name : Mr. Anupriya  
Designation : MRB  
Department : 1<sup>st</sup> yr.

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 5/6/24 Verified By: [Signature]  
Second Vaccination Date 5/7/24 Verified By: [Signature]  
Third Vaccination Date 5/12/24 Verified By: [Signature]

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature

Infection Control Medical Officer

Booster Dose Vaccination

administered on \_\_\_\_\_

Verified By: \_\_\_\_\_

Employee Signature

Infection Control Medical Officer

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





**TAGORE MEDICAL COLLEGE & HOSPITAL**

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**

## **FACULTIES**



# TAGORE MEDICAL COLLEGE & HOSPITAL

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)



## TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.



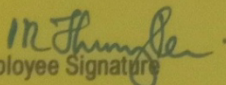
### Hepatitis B Vaccination Card

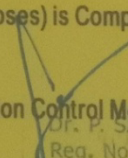
Employee Name : DR. P. R. THENMOZHIVALLI  
Designation : LAB DIRECTOR  
Department : MICROBIOLOGY

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 Hepatitis B Vaccination 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

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

**TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

**Hepatitis B Vaccination Card**

Employee Name : Dr. I. KANNAN  
Designation : ASSOCIATE PROFESSOR  
Department : MICROBIOLOGY

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 Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature \_\_\_\_\_ Infection Control Medical Officer \_\_\_\_\_  
Reg. No: 87995

Booster Dose Vaccination  
Administered on \_\_\_\_\_ Verified By: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Infection Control Medical Officer \_\_\_\_\_

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

 **TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. 

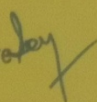
**Hepatitis B Vaccination Card**

Employee Name : Dr. SONY PAUL  
Designation : PROFESSOR  
Department : MICROBIOLOGY.

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 Hepatitis B Vaccination 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

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

**TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

**Hepatitis B Vaccination Card**

Employee Name : DR. P. SAVETHA  
Designation : ASSOCIATE PROFESSOR  
Department : MICROBIOLOGY

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 Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature \_\_\_\_\_ Infection Control Medical Officer  
Dr. P. SAVETHA  
Reg. No: 67955

Booster Dose Vaccination administered on \_\_\_\_\_ Verified By: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Infection Control Medical Officer

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.

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



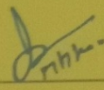
(Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare. Govt. of India New Delhi)

 **TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. 

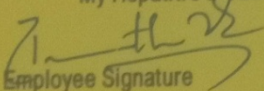
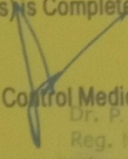
**Hepatitis B Vaccination Card**

Employee Name : DR. PREETHI  
Designation : ASSOCIATE PROFESSOR  
Department : MICROBIOLOGY

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 17. 7. 2024 Verified By:   
Second Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_  
Third Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_

My Hepatitis B Vaccination 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 \_\_\_\_\_

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







# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

 **TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. 

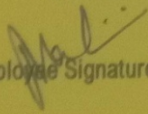
**Hepatitis B Vaccination Card**

Employee Name : Dr. Malini Evangeline Rose  
Designation : Assistant professor  
Department : Microbiology

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 Hepatitis B Vaccination 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 \_\_\_\_\_

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

 **TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. 

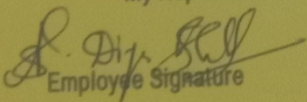
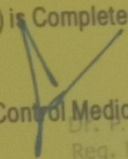
**Hepatitis B Vaccination Card**

Employee Name : Dr. Divya Bharathi . A  
Designation : SENIOR RESIDENT  
Department : MICROBIOLOGY

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.

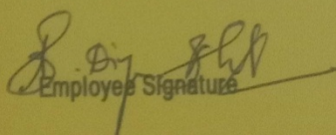
Initial Vaccination Date 6-14-12-23 Verified By: \_\_\_\_\_  
Second Vaccination Date 15-12-24 Verified By: \_\_\_\_\_  
Third Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_

My Hepatiti's B Vaccination Series (all three doses) is Completed.

 Employee Signature  
Infection Control Medical Officer  
  
Reg. No: 87995

---

Booster Dose Vaccination  
administered on \_\_\_\_\_ Verified By: \_\_\_\_\_

 Employee Signature  
Infection Control Medical Officer

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

**TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

**Hepatitis B Vaccination Card**

Employee Name : DR. J. VIGNESH CHANDRAN  
Designation : SENIOR RESIDENT  
Department : MICROBIOLOGY

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 10.7.2023 Verified By: [Signature]  
Second Vaccination Date 17.7.2024 Verified By: [Signature]  
Third Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_

My Hepatitis B Vaccination Series (all three doses) is Completed.

Employee Signature [Signature] Infection Control Medical Officer [Signature]  
Dr. P. SAVETHA  
Reg. No: 87995

Booster Dose Vaccination administered on \_\_\_\_\_ Verified By: \_\_\_\_\_

Employee Signature [Signature] Infection Control Medical Officer

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



**TAGORE MEDICAL COLLEGE & HOSPITAL**

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 OTHER STAFFS**







# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

 **TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. 

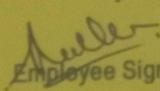
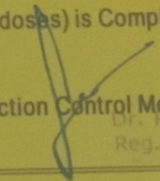
**Hepatitis B Vaccination Card**

Employee Name : MRS. RADHA  
Designation : LAB TECHNICIAN-(Virology)  
Department : MICROBIOLOGY

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 Hepatitis B Vaccination Series (all three doses) is Completed.

 Employee Signature  Infection Control Medical Officer  
DR. P. SAVITHA  
Reg. No: 87995

Booster Dose Vaccination administered on \_\_\_\_\_ Verified By: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Infection Control Medical Officer \_\_\_\_\_

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



# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

**TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

**Hepatitis B Vaccination Card**

Employee Name : Y. SUGANYA  
Designation : LAB TECHNICIAN - [Virology]  
Department : Microbiology

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 [Signature] Infection Control Medical Officer [Signature]  
Dr. P. SAVETHA  
Reg. No: 87995

Booster Dose Vaccination administered on \_\_\_\_\_ Verified By: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Infection Control Medical Officer \_\_\_\_\_

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







# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

 **TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. 


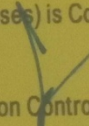
**Hepatitis B Vaccination Card**

Employee Name : MISS SUJITHA  
Designation : LAB TECHNICIAN (VIROLOGY)  
Department : MICROBIOLOGY

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 Hepatitis B Vaccination 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 \_\_\_\_\_

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



# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

**TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

**Hepatitis B Vaccination Card**

Employee Name : MR. SANTHOSH  
Designation : LAB TECHNICIAN (Virology)  
Department : MICROBIOLOGY

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 16.7.2024 Verified By: \_\_\_\_\_  
Second Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_  
Third Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_

My Hepatitis B Vaccination 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

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







# TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.

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



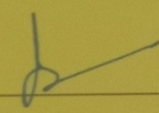
(Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare. Govt. of India New Delhi)

 **TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. 

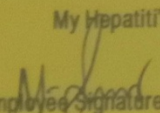
**Hepatitis B Vaccination Card**

Employee Name : MISS SNEHA  
Designation : LAB TECHNICIAN - virology  
Department : Microbiology

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 16.7.2024 Verified By:   
Second Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_  
Third Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_

My Hepatitis B Vaccination 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 \_\_\_\_\_

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



# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

**TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

**Hepatitis B Vaccination Card**

Employee Name : MISS KAVIYA  
Designation : LAB TECHNICIAN-(Virology)  
Department : Microbiology

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 16.7.2024 Verified By: [Signature]  
Second Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_  
Third Vaccination Date \_\_\_\_\_ Verified By: \_\_\_\_\_

My Hepatitis B Vaccination Series (all three doses) is Completed.

[Signature]  
Employee Signature

[Signature]  
Infection Control Medical Officer  
Dr. P. SAVETHA  
Reg. No: 87995

Booster Dose Vaccination  
administered on \_\_\_\_\_ Verified By: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Infection Control Medical Officer \_\_\_\_\_

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







# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

**TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

### Hepatitis B Vaccination Card

Employee Name : MRS. KAVITHA

Designation : ATTENDER - VIROLOGY

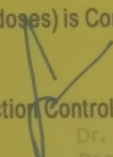
Department : MICROBIOLOGY

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 Hepatitis B Vaccination Series (all three doses) is Completed.

V. Kavitha  
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

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





# TAGORE MEDICAL COLLEGE & HOSPITAL

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)

 **TAGORE MEDICAL COLLEGE & HOSPITAL**  
Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. 

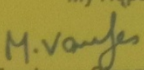
**Hepatitis B Vaccination Card**


Employee Name : MRS. VANAJA  
Designation : ATTENDER- VIROLOGY  
Department : MICROBIOLOGY

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 Hepatitis B Vaccination 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 \_\_\_\_\_

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