

**Indian Institute of Technology, Bombay**  
**IIT Hospital**

Date: \_\_\_\_\_

**All students \* should receive following vaccinations prior to admission.**

**A. Vaccination Certificate:**

Name of Vaccine	Date of Vaccine	Doctor's Signature
Typhoid (one dose after June 2008)		
Hepatitis A		
MMR (one dose after 15 years of age is essential)		
Chickenpox (If there is no history of chickenpox in past)		

**B. Vaccination Exemption Certificate:**

Mr./Ms \_\_\_\_\_ is suffering from \_\_\_\_\_

and is on \_\_\_\_\_ treatment. Hence, vaccination is contraindicated in him/her.

**Registered Medical Practitioner**

\* Only those students in whom vaccination is medically contraindicated will be exempted from these vaccinations on provision of medical certificate by registered medical practitioner.

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