

**INDIAN INSTITUTE OF TECHNOLOGY, BOMBAY**  
**IITB Hospital**

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

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

**A. Vaccination Certificate**

<b>Name of Vaccine</b>	<b>Date of Vaccine</b>	<b>Doctor's Signature</b>
MMR (One booster is recommended after 15 yrs. Of age)		
Chicken Pox (If no history of chicken pox in past)		
Typhoid (Every 3 yrs.)		
Hepatitis 'A' (If no History of Hepatitis – A 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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