

School of Aeronautics

Adult Vaccination Record

MMR and Chickenpox Vaccination are prerequisite for registration (unless Contraindicated).

A. Vaccination Certificate:

Name of Vaccine	Date of Vaccine	Doctor's Signature
MMR (2 nd dose after 15 years of age or 2 doses before 15 yrs)		
Chickenpox (If there is no history of chickenpox in past)		
Typhoid (one dose after June 2014)		
Hepatitis A		

B. Vaccination Exemption Certificate:

Mr./Ms _____ is suffering from _____

and is on _____ treatment. Hence, vaccination is contraindicated

in him / her.

Sign of Physician

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