



# Mandatory Immunization Health History Form

## FUJITA HEALTH UNIVERSITY HOSPITAL

1-98, Dengakugakubo, Kutsukake-cho, Toyoake, Aichi, 470-1192, JAPAN

All applicants must complete the Mandatory Immunization Health History Form. Students, Trainees and Researchers are not permitted to have contact with patients until we have received proof that they are immune to the followings: mumps, measles, rubella, varicella, tuberculosis, and hepatitis B.

Please read the Guidelines for Immunization Compliance carefully and fill out this form.

**Please email the complete form to the person in charge of your visit at FHU at least 4 weeks prior to the proposed date of placement.**

If you have any symptoms, such as fever, cough, diarrhea, vomiting, and rash other than atopic dermatitis, within 72 hours before starting your elective course, also please contact to Center for International Relations. The center will transfer your situations to the hospital.

Applicant Identification				
Last Name		First		Middle
Date of Birth			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name of Institution			Country	
Home address				
Phone Number				
Email address			Date of Entry	
Purpose of visit	<input type="checkbox"/> Student Exchange <input type="checkbox"/> Medical Training <input type="checkbox"/> Research <input type="checkbox"/> Others (_____)			

Mumps, Measles and Rubella				
Please read the Guidelines for Immunization Compliance and fill out this box.				
Option 1				
MMR	<input type="checkbox"/> Vaccinated	Injection record	Dose #1 Date	Dose #2 Date
Option 2				
Mumps	<input type="checkbox"/> Vaccinated	Injection record	Dose #1 Date	Dose #2 Date
		Serologic Immunity	Titer Result	Examination Date
Measles	<input type="checkbox"/> Vaccinated	Injection record	Dose #1 Date	Dose #2 Date
		Serologic Immunity	Titer Result	Examination Date
Rubella	<input type="checkbox"/> Vaccinated	Injection record	Dose #1 Date	Dose #2 Date
		Serologic Immunity	Titer Result	Examination Date

**Varicella (Chickenpox)**

Please read the Guidelines for Immunization Compliance and fill out this box.

Varicella	<input type="checkbox"/> Vaccinated	Injection record	Dose #1 Date	Dose #2 Date
		Serologic Immunity	Titer Result	Examination Date

**Hepatitis B**

Please read the Guidelines for Immunization Compliance and fill out this box.

Hepatitis B	<input type="checkbox"/> Vaccinated	Injection record	Dose #1 Date	Dose #2 Date	Dose #3 Date
		Serologic Immunity	Titer Result	Examination Date	

**Tuberculosis Screening**

Please report your immunization record in the following item.

**\*You are required to fill the exact date and result for Chest X-ray. Images should be taken within 3 months from the date of arrival.**

<Mandatory> Chest X-ray(if positive PPD or lab)	Date	Result		
<Optional> TB Skin Test by TST	Date Placed	Date Read	MM	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
<Optional> Interferon-based Assay(QFT or T-spot)	Date	Result		

If you would like to inform us about your health condition (such as history of anaphylactic shock, having food allergy, asthma, epilepsy, type I diabetes, cardiomyopathy, arrhythmia, sickle cell anemia, mental disease, and other specific diseases) or about any medicine in use, please provide information it in the following space.

I hereby certify that the answers given by me to the above listed questions are correct and true. I understand that FHU at its discretion can choose not to bear costs of any future medical impairment, illness, treatment or investigation that may arise, should there be false or incomplete declaration made on the above. I have no objection to the release of my medical report(s) from the hospital(s) or doctor(s) concerned, if necessary.

Signature of applicant

Date

**Healthcare provide Signature/stamp**

The form has been reviewed and I attest that all information is accurate.

Signature of Physician

Date

For FHU  
use only☐ 来校可

判定日

年

月

日

健康管理部  
部長確認印

# Guidelines for Immunization Compliance

In general, please submit your vaccination certificate/documentary proof for MMR, Varicella and Hepatitis B.  
If you fail to submit the vaccination certificate for any of the above, documentary proof of serologic test result is required.  
Please refer to the Table 1 below to see if you still required vaccination based on the result of your serologic result.  
Please note that all documents must be written in English or Japanese. An English/Japanese translation is required if the documents are not in English/Japanese.

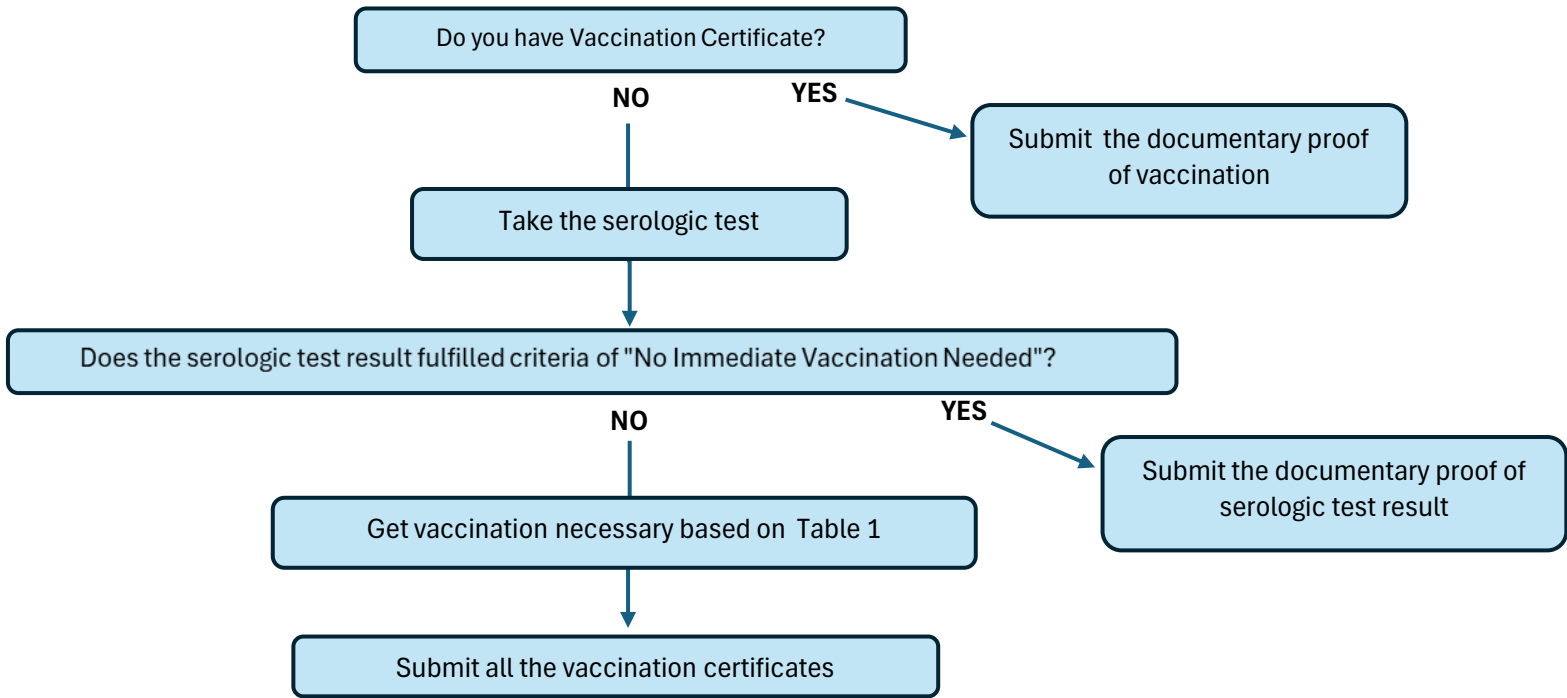


Table 1: Antibody Levels and Required Number of Vaccinations (if there is no vaccination record)			
	2 Vaccinations Needed	1 Vaccination Needed	No Immediate Vaccination Needed
Measles	EIA Method (IgG): Less than 2.0	EIA Method (IgG): 2.0 or more but less than 16.0	EIA Method (IgG): 16.0 or more
	PA Method: Less than 1:16	PA Method: 1:16, 1:32, 1:64, 1:128	PA Method: 1:256 or more
	Neutralization Method: Less than 1:4	Neutralization Method: 1:4	Neutralization Method: 1:8 or more
Rubella	HI Method : Less than 1:8	HI Method : 1:8, 1:16	HI Method : 1:32 or more
	EIA Method (IgG) (A): Less than 2.0	EIA Method (IgG) (A): 2.0 or more but less than 8.0	EIA Method (IgG) (A): 8.0 or more
	EIA Method (IgG) (B): Δ A less than 0.100 Note: Negative	EIA Method (IgG) (B): Less than 30 IU/mL	EIA Method (IgG) (B): 30 IU/mL or more
	ELFA Method (C): Less than 10 IU/mL	ELFA Method (C): 10 or more but less than 45 IU/mL	ELFA Method (C): 45 IU/mL or more
	LTI Method (D): Less than 6 IU/mL	LTI Method (D): 6 or more but less than 30 IU/mL	LTI Method (D): 30 IU/mL or more
	CLEIA Method (E): Less than 10 IU/mL	CLEIA Method (E): 10 or more but less than 45 IU/mL	CLEIA Method (E): 45 IU/mL or more
	CLEIA Method (F): Antibody titer less than 4	CLEIA Method (F): Antibody titer 4 or more but less than 14	CLEIA Method (F): Antibody titer 14 or more
	FIA Method (G): Antibody titer less than 1.0 AI	FIA Method (G): Antibody titer 1.0 or more but less than 3.0 AI	FIA Method (G): Antibody titer 3.0 AI or more
	FIA Method (H): Less than 10 IU/mL	FIA Method (H): 10 or more but less than 30 IU/mL	FIA Method (H): 30 IU/mL or more
	CLIA Method (I): Less than 10 IU/mL	CLIA Method (I): 10 or more but less than 25 IU/mL	CLIA Method (I): 25 IU/mL or more
Chickenpox/ Varicella	EIA Method (IgG): Less than 2.0	EIA Method (IgG): 2.0 or more but less than 4.0	EIA Method (IgG): 4.0 or more
	IAHA Method: Less than 1:2	IAHA Method: 1:2	IAHA Method: 1:4 or more
	Neutralization Method: Less than 1:2	Neutralization Method: 1:2	Neutralization Method: 1:4 or more
Mumps	EIA Method (IgG): Less than 2.0	EIA Method (IgG): 2.0 or more but less than 4.0	EIA Method (IgG): 4.0 or more

Hepatitis B required 3 doses of vaccination or Serologic Immunity Test result above 10mIU/ml