



Keio University School of Medicine International Clinical Elective Program Application Form

Immunization Record

Name:		
Date	of	Birth:

Sex:

Email:

(Please write all dates as mm/dd/yyyy)

1. Tuberculosis Screening (PPD or IGRA (QFT, T-spot)) within last 12 months

Test (circle one): PPD / IGRA (QFT, T-spot)Date:Result (circle one): Negative / Positive

If PPD or IGRA (QFT, T-spot) is positive, a chest X-ray is required.

X-ray Date:

Result:

2. Tetanus / Diphtheria (primary series plus booster within last 10 years)

Year of the end of primary series: Date of Booster:

3. Hepatitis B (series of three doses)

Date of 1st dose: Date of 2nd dose: Date of 3rd dose:

If available, state your HBsAb titer.

Test date:

HBsAb titer (IU/I):

- 4. <u>Measles, Mumps, Rubella, Varicella Immunization demonstrated by ONE of the following three</u> options:
 - <u>Date of Vaccination (within last 5 years before the start of your program)</u>
 - Date of Positive Serology (within last 5 years before the start of your program)
 - Dates of 2 Vaccinations (administered at any time)
- Measles: Vaccination (Date:
- Mumps: Vaccination (Date:
- Rubella: Vaccination (Date:
- Varicella: Vaccination (Date:

-) OR Positive Serology (Date:)
) OR Positive Serology (Date:)
) OR Positive Serology (Date:)
-) OR Positive Serology (Date:)

Signature of Supervising Physician

Date

Print Name

Hospital / Institution Name and Address

Personal information is shared between the International Office, the Health Center, and the Center for Infectious Disease and Infection Control; and as a rule is not shared with any third parties. However, in exceptional circumstances such as urgent situations regarding hospital infection; complying with law; or situations in which it is necessary to protect an individual's life, property, or wellbeing; personal information may be shared with third parties without the individual's consent. Data (except identifying personal information) may be used for education, research, or lectures.