



## Immunization Record (International Student)

Name	Katakana Name	Email

**Measles, Mumps, Rubella, Varicella (MMRV):** Please fill out section (1) or (2) for each disease.

### (1) History of viral vaccination (2 Inoculations)

Date of Vaccination	Measles	Mumps	Rubella	Varicella
① (YYYY-MM-DD)				
② (YYYY-MM-DD)				

### (2) Antibody Test Results and Related Immunization History

	Measles	Mumps	Rubella	Varicella
<b>Date of Testing</b> (YYYY-MM-DD)				
<b>Method</b> (circle method)	IgG(EIA) / NT	IgG(EIA)	IgG(EIA) / HI	IgG(EIA) / IAHA
<b>Measurement values</b>				
<b>Result</b> (circle result)	Negative / Positive / Strongly Positive	Negative / Positive / Strongly Positive	Negative / Positive / Strongly Positive	Negative / Positive / Strongly Positive
<b>Date of Vaccination ①</b> (YYYY-MM-DD)				
<b>Date of Vaccination ②</b> (YYYY-MM-DD)				

**Hepatitis B:** Will you be engaged in work or research that may expose you to bodily fluids, such as handling equipment or medical waste contaminated with bodily fluids, providing treatment that involves contact with bodily fluids, drawing blood, conducting tests, or handling specimens?

☐ **Yes** → Please fill in the (1)(2)section below.

☐ **No** → You do not need to fill in the section regarding Hepatitis B below.

### (1) 3-dose primary vaccination series

	①	②	③	If unknown:
<b>Date of Vaccination</b> (YYYY-MM-DD)				(approx. year)

(2) Please enter the test date, test method, and measurement value when the HBs antibody titer was 10mIU/ml or higher.

Date of Testing (YYYY-MM-DD)	Method (circle method)	Measurement values
	CLEIA / CLIA	mIU/ml

(3) If the hepatitis B antibody titer is less than 10 mIU/ml, the applicant may have insufficient immunity to hepatitis B. The applicant must consult a medical institution regarding additional booster doses and submit this certificate after consultation. If the applicant cannot receive the vaccination due to allergies, pregnancy, etc., or if the applicant is a vaccine non-responder, please indicate so in the notes section.

**For the Health Care Provider**

Before creating this certificate, please refer to the applicant's Maternal and Child Health Handbook, antibody test results, and vaccination certificates, and confirm that the applicant meet the standards of our hospital.

**<MMRV>** Applicant must meet one of the following conditions ①-③ for each MMRV disease:

- ① Proof of two previous vaccinations
- ② Proof of previous positive antibody test results (any year) and proof of a subsequent vaccination
- ③ Proof of previous strongly positive antibody test results (any year)

**<Hepatitis B>** Applicants must meet the following condition:

〔Only required for those engaged in work or research that may involve exposure to body fluids, such as the handling of instruments or medical waste contaminated with body fluids, treatments involving contact with body fluids, blood sampling, testing, or specimen handling.〕

The applicant has already received a hepatitis B primary vaccination series and has confirmed an antibody titer of  $\geq 10$  mIU/ml (CLEIA/CLIA) considered a reliable marker of protection against infection.

※Consult the table below for definitions of negative, positive, and strongly positive MMRV results.

※Antibody testing is valid for the following methods only:

Measles: IgG-antibody titer determined by enzyme-immunoassay (EIA) or neutralizing antibody titer (NT)

Mumps: IgG-antibody titer determined by enzyme-immunoassay (EIA)

Rubella: IgG-antibody titer determined by enzyme-immunoassay (EIA) or hemagglutination inhibition (HI) antibody titer

Varicella: IgG-antibody titer determined by enzyme-immunoassay (EIA) or immune adherence hemagglutination (IAHA) titer

Antibody titer Disease	Negative		Positive		Strongly Positive	
	EIA	Other	EIA	Other	EIA	Other
Measles	below 2.0	NT of less than 4	2.0-15.9	NT of 4	16.0 or higher	NT of 8 or higher
Mumps	below 2.0	—	2.0-3.9	—	4.0 or higher	—
Rubella	below 2.0	HI titer of less than 8	2.0-7.9	HI titer of 8-16	8.0 or higher	HI titer of 32 or higher
Varicella	below 2.0	IAHA titer of less than 2	2.0-3.9	IAHA titer of 2	4.0 or higher	IAHA titer of 4 or higher
Vaccination series	2 doses of vaccine following examination		1 dose of vaccine following examination		Vaccination not required	

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

(1) Please fill in the box below.

Date of Testing (YYYY-MM-DD)	Method (circle method)	Result (circle result)
	PPD / IGRA (QFT , T-spot)	Negative / Positive

(2) If PPD or IGRA (QFT, T-spot) is positive, a chest X-ray is required. Please fill in the box below.

Date of X-ray (YYYY-MM-DD)	Result

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

Please fill in the box below.

Date of Vaccination (YYYY-MM-DD)	Date of Booster (YYYY-MM-DD)

Notes:

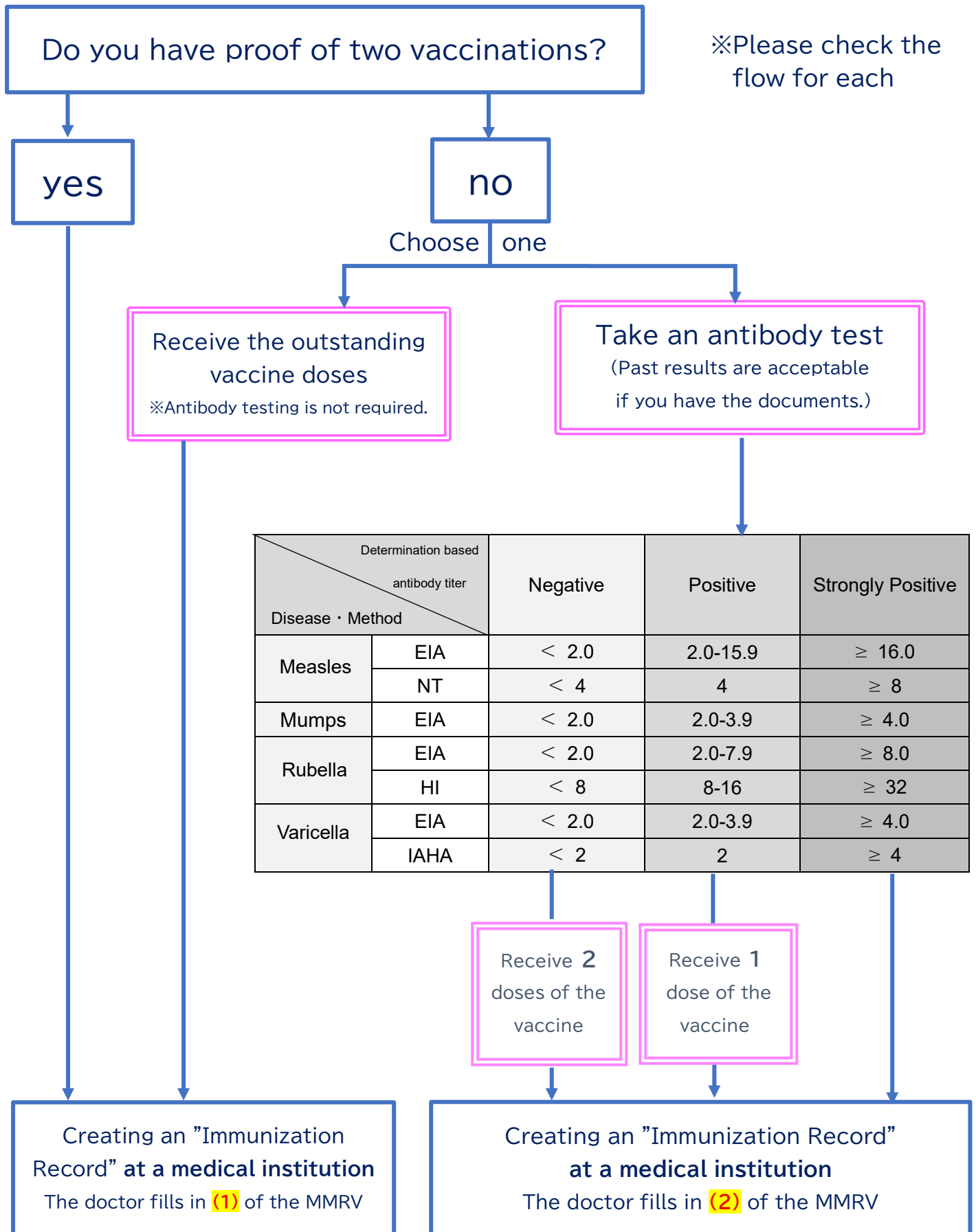
I certify that the above information is accurate to the best of my knowledge.

Date: \_\_\_\_\_ Name of Health Care Provider / Address;

Physician Name;

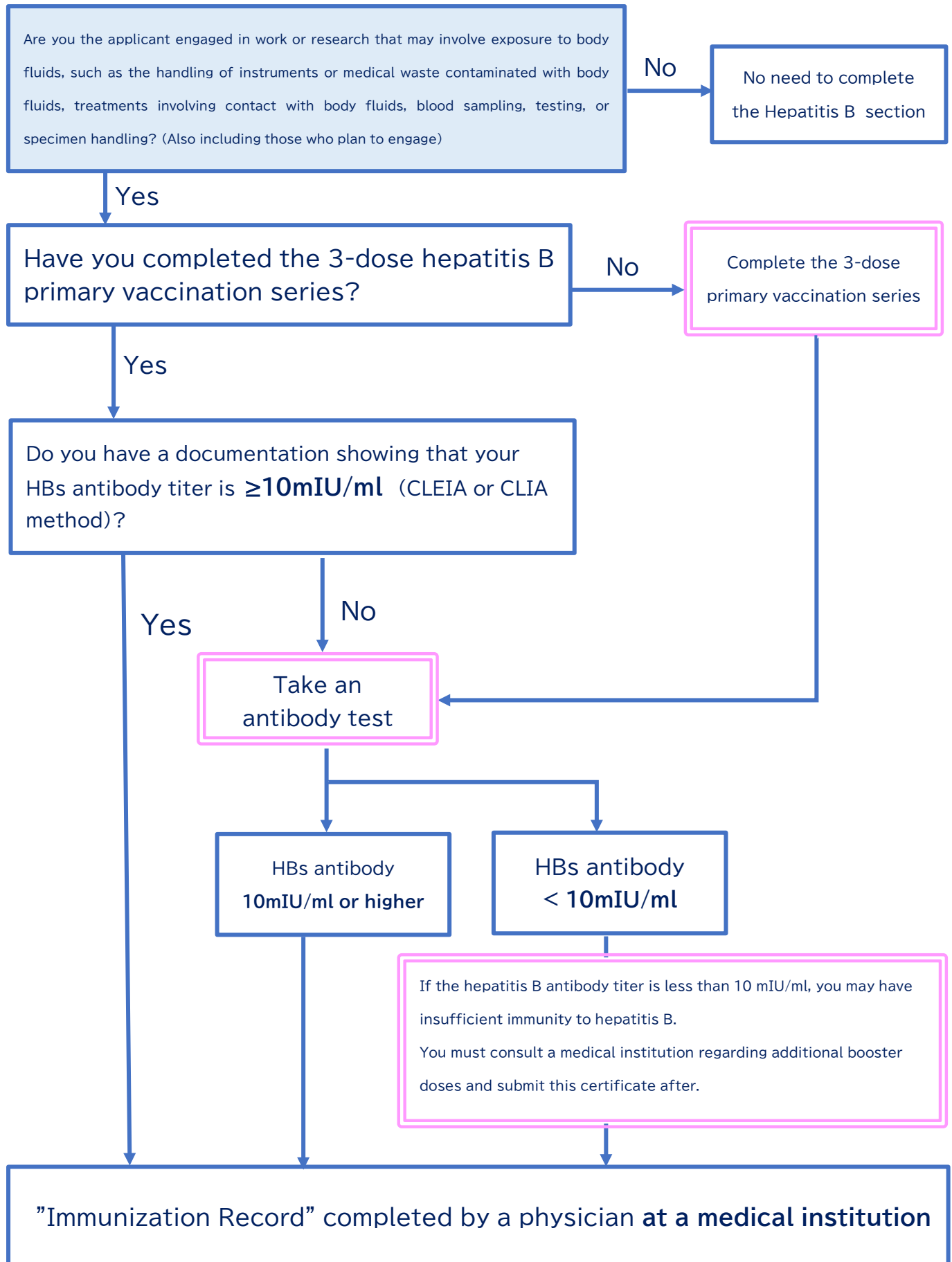
[Personal information is shared between the International Office, the Health Center, and the Center for Infectious Disease and Infection Control; and as a rule is not shared with any third parties. However, in exceptional circumstances such as urgent situations regarding hospital infections; complying 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.]

# 【MMRV】 Flowchart for creating Immunization Record



Since certification by a third party is required, even qualified medical practitioners are not permitted to complete their own certificates. Even if the submission deadline cannot be met, please complete all necessary procedures and submit the **Immunization Record** as soon as possible thereafter.

# 【Hepatitis B】 Flowchart for creating Immunization Record



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