

KYUSHU UNIVERSITY HOSPITAL

3-1-1, Maidashi, Higashi-ku, Fukuoka 812-8582, Japan

# CERTIFICATE OF IMMUNIZATION

Name:	Date of birth:	/	1	/
		month	day	year

Institute:

All international students/ doctors/ health care persons are required to submit this sheet before visiting or staying at Kyushu University Hospital more than 7 days.

Required immunizations			Positive serological test		
Measles	First	Second	Titer(method) ( )		
(Rubeola)	/	/	/		
	month day year	month day year	month year		
Rubella	First	Second	Titer(method) ()		
(German Measles)	/	/	/		
	month day year	month day year	month year		
Mumps	First	Second	Titer(method) ( )		
	/	/	/		
	month day year	month day year	month year		
Varicella	First	Second	Titer(method) ()		
(Chickenpox)	/	/	/		
	month day year	month day year	month year		
History of chickenpox		Age OR Date of disease/			
month year					

Two immunizations are required for the above diseases. **OR** A positive serological test for immunity is acceptable instead of immunizations. Describe the method in ( ), for example, EIA, NT, etc. A history of chickenpox is acceptable.

#### **Tuberculosis screening**

TB skin test	Date given	Date read	Result
(TST)	/	/	mm induration
	month day year	month day year	
IGRA test	Date tested	[] negative [] po	ositive
	/// month day year	[ ] indeterminate	
Chest X ray	Date examined (within 3	months)	
	/	[ ] norr	nal [ ] abnormal
	month day year		

TST result must be recorded as millimeters (mm) of induration, transverse diameter; if no induration, write "0". IGRA (Interferon gamma release assay) test is acceptable instead of TST. For the person with positive TST or history of BCG vaccination, IGRA test is recommended. Chest X ray (within 3 months) is required if TST or IGRA is positive.

### Hepatitis B series:

First	Second	Third			
/		/			
month day year	month day year	month day year			
Positive serological test	Titer(method) (	) /			
		month year			
If Hepatitis B carrier, check here [ ]					

Three immunizations are required for Hepatitis B. OR A positive serological test for immunity to Hepatitis B is acceptable instead of immunizations. OR A carrier of hepatitis B is acceptable.

## Signature of physician or healthcare provider:

Name				
Signature				
Name of clinic or hospital				
Address				
Phone	Date _	/ month	/ day yea	

## Declaration of the applicant

- [ ] I will follow the infection control rules of Kyushu University Hospital during my stay.
- [ ] When I am sick, I will inform it to the supervisor.
- In case the additional immunizations or laboratory test are necessary,
  I will receive them with my responsibility.
  (At least one immunization is necessary before visiting. Additional vaccines should be done during the stay.)

Name

Signature

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