



KYUSHU UNIVERSITY HOSPITAL

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

CERTIFICATE OF IMMUNIZATION

Name: _____ Date of birth: _____

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 (Rubeola)	First _____/_____/_____ month day year	Second _____/_____/_____ month day year	Titer(method)_____() _____/_____ month year
	Rubella (German Measles)	First _____/_____/_____ month day year	Second _____/_____/_____ month day year
Mumps	First _____/_____/_____ month day year	Second _____/_____/_____ month day year	Titer(method)_____() _____/_____ month year
	Varicella (Chicken Pox)	First _____/_____/_____ month day year	Second _____/_____/_____ month day 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.

Hepatitis B series:

First _____/_____/_____ month day year	Second _____/_____/_____ month day year	Third _____/_____/_____ 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.

Tuberculosis screening

TB skin test (TST)	Date given ____ / ____ / ____ month day year	Date read ____ / ____ / ____ month day year	Result _____mm induration
IGRA test	Date tested ____ / ____ / ____ month day year	[<input type="checkbox"/>] negative [<input type="checkbox"/>] positive [<input type="checkbox"/>] indeterminate	
Chest X ray	[<input type="checkbox"/>] normal [<input type="checkbox"/>] abnormal		

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 is required if TST or IGRA is positive.

Signature of physician or healthcare provider:

Name _____

Signature _____

Name of clinic or hospital _____

Address _____

Phone _____ Date _____

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 _____