

KYUSHU UNIVERSITY HOSPITAL

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

CERTIFICATE OF IMMUNIZATION

Name:		Date	of birth:	/	1	
				month day	y year	
Institute:						
	al students/ doctors/ health at Kyushu University Hos	_	_	so submit thi	is sheet b	efor
Required immun	izations		Po	ositive serolo	gical test	
Measles	First	Second	Ti	ter(method)	(
(Rubeola)		, ,		/	1	
	month day year	month day	year	month	year	
Rubella	First	Second	Ti	ter(method)	()
(German Measles)	/ /	/ /		/	1	
	month day year	month day	year	month	year	
Mumps	First	Second	Ti	ter(method)	()
	/ /	/ /		/	1	
	month day year	month day	year	month	year	
Varicella	First	Second	Ti	ter(method)	()
(Chickenpox)	/ /	/ /		/	1	
	month day year	month day	year	month	year	
	History of chickenpox	Age O	R Date of d	lisease	1	
				mor	- U	
of immunizations. Descr		& A positive serological tesple, EIA, NT, etc. A histo				
Tuberculosis scree	ning			T		
TB skin test	Date given	Date read		Result		
(TST)		/	1	mr	n indurat	ion
	month day year	month day	year			
IGRA test	Date tested	[] negative	[] negative [] positive			
		- [] indetermi	_			
	month day year		шате			
Chest X ray	Date examined (within	3 months)				
	/ /		[] norr	nal [] abnorm	ıal
	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.

TT		-	• .
Hepa	ititis	В	series:

First	Second	Third
month day year	month day year	month day year
Positive serological test	Titer(method) ()/
		month year
If Hepatitis B carrier, chec	ek 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.

<u> </u>	
elinic or hospital	_
Date / / / month day year	
on of the applicant	
I will follow the infection control rules of Kyushu University Hosp during my stay.	oital
When I am sick, I will inform it to the supervisor.	
In case the additional immunizations or laboratory test are necess I will receive them with my responsibility. (At least one immunization is necessary before visiting. Additional vaccines should be during the stay.)	
]	Date

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