



KYUSHU UNIVERSITY HOSPITAL

3-1-1, Maidashi, Higashi-ku,

Fukuoka 812-8582, Japan

**CERTIFICATE OF IMMUNIZATION**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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
<b>Measles</b> (Rubeola)	First	Second	Titer(method) _____ ( ) _____ / _____ <small>month year</small>
	_____ / _____ / _____ <small>month day year</small>	_____ / _____ / _____ <small>month day year</small>	
<b>Rubella</b> (German Measles)	First	Second	Titer(method) _____ ( ) _____ / _____ <small>month year</small>
	_____ / _____ / _____ <small>month day year</small>	_____ / _____ / _____ <small>month day year</small>	
<b>Mumps</b>	First	Second	Titer(method) _____ ( ) _____ / _____ <small>month year</small>
	_____ / _____ / _____ <small>month day year</small>	_____ / _____ / _____ <small>month day year</small>	
<b>Varicella</b> (Chickenpox)	First	Second	Titer(method) _____ ( ) _____ / _____ <small>month year</small>
	_____ / _____ / _____ <small>month day year</small>	_____ / _____ / _____ <small>month day year</small>	
	History of chickenpox	Age _____ OR Date of disease _____ / _____ <small>month year</small>	

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 (TST)	Date given _____ / _____ / _____ <small>month day year</small>	Date read _____ / _____ / _____ <small>month day year</small>	Result _____ mm induration
IGRA test	Date tested _____ / _____ / _____ <small>month day year</small>	[ ] negative [ ] positive [ ] indeterminate	
Chest X ray	Date examined (within 3 months) _____ / _____ / _____ <small>month day year</small>	[ ] normal [ ] 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 (within 3 months) is required if TST or IGRA is positive.

