



MANDATORY MEDICAL STUDENT HEALTH AND IMMUNIZATION DOCUMENTATION FORM

Name: _____
Last (Family) Name First

Address: _____
House Number Street City State/Province Zip/Postal Code Country

Telephone #: _____ E-Mail: _____ @ _____

Emergency Contact: _____
Name Relationship Telephone #

CHIBA UNIVERSITY SCHOOL OF MEDICINE IMMUNIZATION REQUIREMENTS

	Documented Immunity Titer Date Results		History Have you had-	Vaccination
Rubella (German Measles)	_____ () [H ≥ 32]	Attach copy of lab report	Yes No	Yes No
Rubeola (Measles)	_____ () [EIA ≥ 16]	Attach copy of lab report	Yes No	Yes No
Mumps	_____ () [EIA ≥ 4]	Attach copy of lab report	Yes No	Yes No Number of vaccinations 1 2 ≥3
Varicella / Zoster	_____ () [EIA ≥ 4]	Attach copy of lab report	Yes No	Yes No
Hepatitis B	HB Surface Antigen _____ () HB Surface Antibody _____ ()	Attach copy of lab report	Yes No	Yes No
Tuberculosis	T-SPOT or QFT Positive Negative PPD (Tuberculin Skin Test) Positive Negative	Attach copy of lab report	Yes No	BCG Yes No
Influenza Current Vaccination is required for Winter/Spring visitors				Yes No

Chest X-ray MO/DAY/YR (Within 1 year) Result
 _____ Positive Negative Attach copy of Chest X-ray report

CERTIFICATION by Medical Doctor (In US, RN and DO's Signature is acceptable)

Name of Health Care Provider Filling our Form

_____ RN, MD, DO

Institution or Clinic

Name _____

Address _____ City _____ State _____ County _____

Phone _____ Fax _____

I certify that the information herein is complete and correct to the best of my knowledge.

Signature _____ Date _____