

Juntendo University Hospital Immunization Requirements

Name: _____

Date of Birth: _____

Measles:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ <small>Day Month Year</small> _____ Dose #2 Date: _____ <small>Day Month Year</small> _____	or	Titer report, only if proof of vaccination not available • Above 800 mIU/ml or 16.0 EIA Date: _____ <small>Day Month Year</small> _____ Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Mumps:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ <small>Day Month Year</small> _____ Dose #2 Date: _____ <small>Day Month Year</small> _____	or	Titer report, only if proof of vaccination not available • Above 200 mIU/ml or 4.0 EIA Date: _____ <small>Day Month Year</small> _____ Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Rubella:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ <small>Day Month Year</small> _____ Dose #2 Date: _____ <small>Day Month Year</small> _____	or	Titer report, only if proof of vaccination not available • Above 400 mIU/ml or 8.0 EIA Date: _____ <small>Day Month Year</small> _____ Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Varicella:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ <small>Day Month Year</small> _____ Dose #2 Date: _____ <small>Day Month Year</small> _____	or	Titer report, only if proof of vaccination not available • Above 200 mIU/ml or 4.0 EIA Date: _____ <small>Day Month Year</small> _____ Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Hepatitis B:	3 doses • Dose #1 • Dose #2: 1 month after Dose #1 • Dose #3: 5 months after Dose #2 Dose #1 Date: _____ <small>Day Month Year</small> _____ Dose #2 Date: _____ <small>Day Month Year</small> _____ Dose #3 Date: _____ <small>Day Month Year</small> _____	&	HBsAb Titer Report • Above 10 mIU/ml or 0.2 EIA Date: _____ <small>Day Month Year</small> _____ Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Tuberculosis:	PPD (Mantoux) • Within 1 year of the program. • An induration \geq 10mm requires an x-ray report Date: _____ <small>Day Month Year</small> _____ Result: _____ mm induration or IGRA Blood Test • Within 1 year of the program. • A positive result requires a x-ray report Date: _____ <small>Day Month Year</small> _____ Result: <input type="checkbox"/> = Positive <input type="checkbox"/> = Negative	or	X-Ray Report • Within 1 year of the program. Date: _____ <small>Day Month Year</small> _____ Result: <input type="checkbox"/> = No Signs of Tuberculosis <input type="checkbox"/> = Other comments attached
Influenza:	Vaccine • Required if attending Juntendo University Hospital between: October 1 - April 30 Vaccine Date: _____ <small>Day Month Year</small> _____		

Organizational Stamp:

Organization Name: _____

Healthcare Provider Name: _____

Signature: _____

Date: _____

Address: _____

Phone: _____