## Juntendo University Hospital Immunization Requirements

Name:				
Date of Birth:		_		
Date of Birtin.		_		
M 1	2 days after first birth day		Titan nament anluif name	of vaccination not available
Measles:	2 doses after first birthday  Dose #1 & 2 must be 30 days apart	or	Above 800 mIU/ml or 3	
	Dose #1 Date: Dose #2 Date:	1	Date:	Result:
				= mIU/ml
	Day Month Year Day Month Year		Day Month Year	= EIA
Mumps:	2 doses after first birthday	or		of vaccination not available
	Dose #1 & 2 must be 30 days apart  Dose #1 Date:  Dose #2 Date:	1	Above 200 mIU/ml or 4  Date:	Result:
	Bose "I Bate."		Dute.	$\Box$ = mIU/ml
	Day Month Year Day Month Year		Day Month Year	= EIA
Rubella:	2 doses after first birthday	or		of vaccination not available
	Dose #1 & 2 must be 30 days apart  Output  Description:  Outp		Above 400 mIU/ml or 8	
	Dose #1 Date:  Dose #2 Date:		Date:	Result:
	Day Month Year Day Month Year		Day Month Year	= EIA
Varicella:	2 doses after first birthday	or	,	of vaccination not available
	Dose #1 & 2 must be 30 days apart	_	Above 200 mIU/ml or 4	
	Dose #1 Date: Dose #2 Date:		Date:	Result:
	··  ·		··	☐ = mIU/ml ☐ = EIA
77 7	Day Month Year Day Month Year		Day Month Year	
Hepatitis B:	3 doses  • Dose #1	&	HBsAb Titer Report  • Above 10 mIU/ml or 0.	2 EIA
	• Dose #2: 1 month after Dose #1			
	• Dose #3: 5 months after Dose #2		Ditti	D 16
	Dose #1 Date: Dose #2 Date: Dose #3 Date:		Date:	Result:
	Day Month Year Day Month Year Day Month Year		Day Month Year	
Tuberculosis:	PPD (Mantoux)	or	X-Ray Report	
	Within 1 year of the program.	_	Within 1 year of the program.	
	An induration ≥ 10mm requires an x-ray report			
	Date Result:		Date	Result:   Result:
	Day Month Year mm induration		Day Month Year	☐ = No Signs of Tuberculosis
	or		.,	☐ = Other comments
	IGRA Blood Test			attached
	<ul> <li>Within 1 year of the program.</li> <li>A positive result requires a x-ray report</li> </ul>			
	Date Result:	+		
	□ = Positive			
	$ \overline{\text{Day}}  \overline{\text{Month}}  \overline{\text{Year}} \qquad \boxed{\square} = \text{Negative} $			
Influenza:	Vaccine			
	Required if attending Juntendo University Hospital between: October 1 - April 30			
	Vaccine Date	1		
	Day Month Year			
				Organizational Stamp:
Organization Name				Organizational otamp.
Organization Ivallic	•			
Healthcare Provider	: Name:			
Cianatura				
Signature:				
Date:				
Addmoor.		_		
Address:				
Phone:				