Chiba University Hospital

MANDATORY INTERN/TRAINEE 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 HOSPITAL IMMUNIZATION REQUIREMENTS

	Vaccinations Date		Documented Immunity Titer Date (Results) [select testing method]	
Rubeola(Measles)	1 _____ 2	if not received two vaccinations →	_____ ( ) [EIA, PA, TN]	Attach copy of lab report
Rubella(German Measles)	1 _____ 2	if not received two vaccinations →	_____ ( ) [EIA, HI, LTI,ELIA, CLEIA]	Attach copy of lab report
Mumps	1 _____ 2	if not received two vaccinations →	_____ ( ) [EIA, TN]	Attach copy of lab report
Varicella/ Zoster	1 _____ 2	if not received two vaccinations →	_____ ( ) [EIA, TN]	Attach copy of lab report
Hepatitis B	1st series 1 _____ 2 _____ 3 _____	(2nd series if received) 1 _____ 2 _____ 3 _____	HB Surface Antibody _____ ( ) [CLIA, EIA, RIA, PHA, CLEIA]	Attach copy of lab report (submit by all)
Influenza （Current Vaccination is required for Winter/Spring visitors）	_____			

Chest X-ray MO/DAY/YR (Within 1 year＊) **Result**

Date_____ ☐Positive ☐Negative Attach copy of Chest X-ray report

(＊ Within 3 month if you are from high prevalence country of Tuberculosis)

Cough Symptom ☐ Present ☐ Absent

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**_____

Send ORIGINAL FORM (with attached documentation) to: Medical Education Unit, General Affairs, Chiba University Hospital

1-8-1 Inohana, Chuo-ku Chiba 260-8677 Japan