

Immunization Records ワクチン接種調査票

Please circle the appropriate category of past medical history, record of vaccination, and antibody titer for the diseases listed below.

下記の疾患について、既往歴の有無・抗体価の該当するところに○印をつけて下さい。

| Diseases 疾患名 | Past medical history 既往歴の有無 | Record of vaccination ワクチン接種歴 | Confirmation of Antibody Titer 抗体価確認欄 (Date of confirmation 確認日を記入) | Antibody Level* 抗体値(cutoff EIA IgG value) |
|------------------|-----------------------------------|-------------------------------------|---|---|
| Measles 麻疹 | Yes / No あり・なし | 0/1/2 | Positive 陽性 / indeterminate疑陽性 / Negative陰性 (Month / Date /Year) | (16.0) |
| Chickenpox 水痘 | Yes / No あり・なし | 0/1/2 | Positive 陽性 / indeterminate疑陽性 / Negative陰性 (Month / Date /Year) | (4.0) |
| Rubella 風疹 | Yes / No あり・なし | 0/1/2 | Positive 陽性 / indeterminate疑陽性 / Negative陰性 (Month / Date /Year) | (8.0) |
| Mumps 流行性耳下腺炎 | Yes / No あり・なし | 0/1/2 | Positive 陽性 / indeterminate疑陽性 / Negative陰性 (Month / Date /Year) | (4.0) |

If testing by EIA-IgG is not available, please provide reference for cutoff value.
EIA-IgGによる検査が不可能な場合は、カットオフ値の参考文献をご提示ください。

Please provide proof of two doses of vaccinations or results of antibody titer testing for each disease mentioned above. If indicated, you will need to receive vaccination and provide the proof one month before the training starting date.

For more information, check the vaccination flow diagram.

合計2回のワクチン接種を行うか、抗体の陽転を確認する必要があります。

ワクチンを接種証明書を提出する場合は研修1ヶ月前までにワクチンを接種するようにして下さい。

詳細はワクチン接種フローを確認してください。

I hereby certify the above information to be accurate.

上記のとおり申告いたします。

Date 記入年月日: (Month月 / Date日 /Year年)

Printed name 記入者氏名: _____

Signature 記入者署名: _____

National Center for Child Health and Development Immunization flow diagram

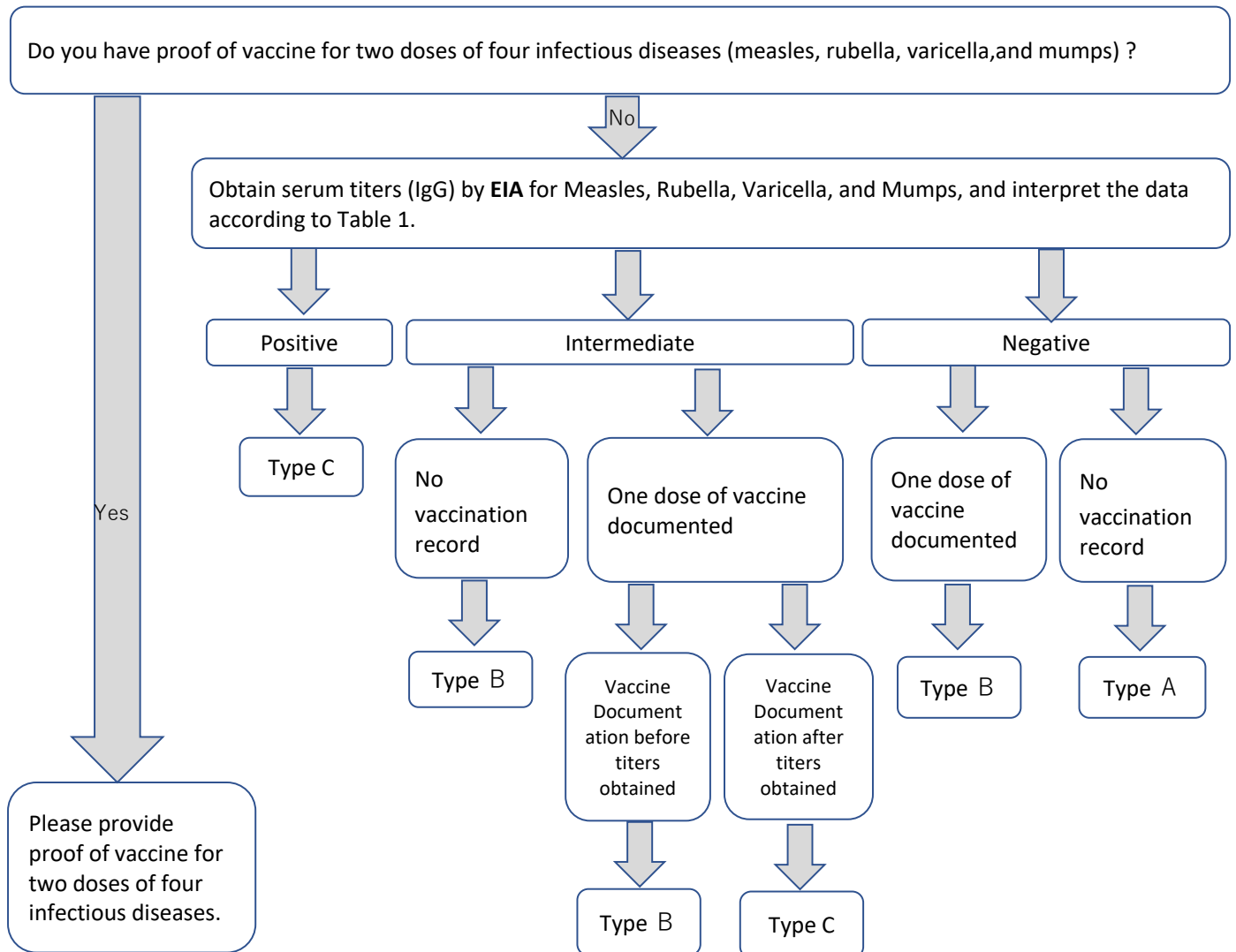


Table 1. Titers considered protective against infection at NCCHD

| | Positive | Intermediate | Negative |
|-----------|------------------------------|----------------------------------|--------------------------|
| Measles | EIA (IgG titers) : ≥ 16 | EIA (IgG titers) : $2 \sim < 16$ | EIA (IgG titers) : < 2 |
| Rubella | EIA (IgG titers) : ≥ 8 | EIA (IgG titers) : $2 \sim < 8$ | EIA (IgG titers) : < 2 |
| Varicella | EIA (IgG titer) : ≥ 4 | EIA (IgG titers) : $2 \sim < 4$ | EIA (IgG titers) : < 2 |
| Mumps | EIA (IgG titer) : ≥ 4 | EIA (IgG titers) : $2 \sim < 4$ | EIA (IgG titers) : < 2 |

※Data valid for 5 years

Table 2. Actions according to designated type

| | |
|--------|--|
| Type A | Receive two doses of vaccine at least one month apart.※1、 Provide proof of vaccination※2 |
| Type B | Receive one doses of vaccine.※1、 Provide proof of vaccination※2 |
| Type C | No need for vaccination |

※1 We will not offer vaccines at our institution
(combination vaccines such as MMR, MMRV, MR are acceptable)

※2 Proof of vaccination should document the following
(Name of vaccine, date of vaccination, lot number, name of medical institution, physicians name)