**　Immunization Form for Visiting Student**

**Kurume University School of Medicine, Japan**

Name of applicant:

Medical School (location):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1．Measles** | Method | EIA・PA・NT | Date examined |  |
| Titer |  | Result | Negative ・ Positive |
| Vaccination | Date of first shot |  |  |
| Date of second shot |  |  |
| **2．Rubella** | Method | HI・EIA | Date examined |  |
| Titer |  | Result | Negative ・ Positive |
| Vaccination | Date of first shot |  |  |
| Date of second shot |  |  |
| **3．Mumps** | Method | EIA | Date examined |  |
| Titer |  | Result | Negative ・ Positive |
| Vaccination | Date of first shot |  |  |
| Date of second shot |  |  |
| **4．Varicella** | Method | EIA・IAHA | Date examined |  |
| Titer |  | Result | Negative ・ Positive |
| Vaccination | Date of first shot |  |  |
| Date of second shot |  |  |
| **5. DTP** |  | Date of vaccination  within the last 10 years |  |  |
| **6．**  **Hepatitis B** | Method | Use quantitative method | Date examined |  |
| HBs Ag |  | Result | Negative ・ Positive |
| HBs Ab |  | Result | Negative ・ Positive |
| Vaccination | Date of first shot |  |  |
| Date of second shot |  |  |
| Date of third shot |  |  |
| **7．Tuberculosis** | Interferon-γ release assays | Date examined | Result | Negative ・ Positive |
| TB skin test | Date examined | Result | Redness　　 　㎜,  Induration　　 　　㎜ |
| Chest X-ray | Date examined | Result | No problem・Abnormal |

**I certify that the immunization data given above are accurate.**

Physician`s signature

Physician`s name (*in block capitals*)

Name of institution:

Address: Date:

Following immunization and test are required to work as a visitor at Kurume University Hospital.

1. Results of serum antibody titer against measles, varicella, rubella, mumps, and hepatitis B.

If serum titer is insufficient, visitors should complete the vaccination at least 2 weeks before visiting Kurume and provide the vaccination record certification.

1. Result of tuberculosis test. In this regard, visitors should provide 1) a report of chest X-ray taken within the last 6 months and 2) a result of one of following tests (TB skin test, QuantiFERON-TB, or T-SPOT.TB).
2. DTP vaccination (diphtheria, tetanus, pertussis) within the last 10 years. If over 10 years have passed since the vaccination, visitors should get DTP vaccination.

Criteria to judge the positive titer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Methods | Judgement of Serum Ab Titer | | |
| Negative | Insufficient positive | Positive |
| Boost is necessary | Single immunization is necessary | No immunization is required |
| Measles | EIA | negative | Less than 16.0 | More than 16.0 |
| PA | Less than x 16 | Between x16 and x128 | More than x 256 |
| NT | Less than x 4 | x 4 | More than x 8 |
| Rubella | HI | Less than x 8 | x 8 or x 16 | More than x 32 |
| EIA | negative | Less than x8.0 | More than x 8.0 |
| Mumps | EIA | negative | (±) | positive |
| Varicella | EIA | Less than 2.0 | 2.0~4.0 | More than 4.0 |
| IAHA | Less than x 2 | x 2 | More than x 4 |

Criteria of TB test

|  |  |
| --- | --- |
| QuantiFERON-TB  (ELISA assay) | Subtract IFN-γ concentration (IU/mL) without TB antigen stimulation  from IFN-γ concentration (IU/mL) with TB antigen stimulation.  If the values is more than 0.35 IU/ml、the result is positive  If the values is less than 0.1 IU/ml、the result is negative  If the value is between 0.1 IU/ml and 0.35IU/ml, the result is undeterminable and additional test would be required. |
| T-SPOT.TB (ELISPOT assay) | 1. Subtract the spot number of control from EAST-6 2. Subtract the spot number of control from CFP-10   If the result of both or either of 1) or 2) is more than 6, the result is positive  If the result of both of 1) and 2) are less than5, the result is negative  If the spot number of control is more than 11 or the spot number of positive control is less than 20, the result is undeterminable |