For Momoyama use only
Student ID

Immunization Record & Certificate of Health

International Centre, Momoyama Gakuin University

1-1 Manabino Izumi, Osaka 594-1198

Phone: +81-(0)725-54-3131 Fax: +81-(0)725-54-3215

Exchange students must provide proof of compliance with immunization requirements of the Preventive Vaccination Law and The Tuberculosis Control Law. Students who fail to comply with this requirement will not be able to enroll for courses the following semester. Enter all information in English formats.

◆ PART1. TO BE COMPLETED BY THE STUDENT – PLEASE PRINT

Last Name First Name Date of Birth Semester & Year first enrolled

Current Address County Phone Number

TO THE PHYSICIAN:

Please review the information provided on this form and answer the following questions. Where appropriate, we ask that you send a clinical report to assist us in responding to your recommendations. Thank you.

◆ PART2. REQUIRED IMMUNIZATIONS

VACCINES	DATE ADMINISTERED (DD/MM/YY)
MMR (Measles、Mumps、Rubella) : 2 doses Required at least 1 month apart Or ALL 3 OF THESE CRITERIA ARE MET: **Measles** **Mumps** **Rubella**	(1)___ / ___ / ___ (2)___ / ___ / ___ OR copy of titer indicating positive immunity (1)___ / ___ / ___ (2)___ / ___ / ___ OR copy of titer indicating positive immunity (1)___ / ___ / ___ (2)___ / ___ / ___ OR copy of titer indicating positive immunity (1)___ / ___ / ___ (2)___ / ___ / ___ OR copy of titer indicating positive immunity
Diphtheria、Pertussis、Tetanus、	(1)___ / ___ / ___ (2)___ / ___ / ___ (3)___ / ___ / ___ (4)___ / ___ / ___ (5)___ / ___ / ___ OR copy of titer indicating positive immunity
Polio	(1)___ / ___ / ___ (2)___ / ___ / ___ (3)___ / ___ / ___ (4)___ / ___ / ___ OR copy of titer indicating positive immunity
Tetanus—Diphtheria Booster within past 10 years	(1)___ / ___ / ___ OR copy of titer indicating positive immunity

◆ PART3. RECOMMENDED VACCINATIONS

VACCINES	DATE ADMINISTERED (MM/DD/YY)
Varicella(chicken Pox)	(1) ___ / ___ / ___ (2)___ / ___ / ___ OR copy of titer indicating positive immunity

☐ Transcribed records ☐ Gave Vaccine to student

◆ PART4. PHYSICAL EXAMINATION : TO BE COMPLETED BY THE PHYSICIAN

1.Height:_____cm 2.Weight:_____kg 3.Blood Type | A・B・O・AB | RH + −

4. Chest X-Ray Examination (within 6 months from application starting date)

Lung : ☐normal ☐impaired Cardiomegaly : ☐normal ☐impaired

Date: / /

5.Tuberculosis (TB) screening (Blood test or Skin test)

✓ Blood test

T-Spot : Date / / Results; ☐ Negative ☐ Positive

QFT : Date / / Results; ☐ Negative ☐ Positive

✓ Skin Test : Date / / Results; ☐ Negative ☐ Positive (mm)

6. Disease Being Treated at Present? ☐No

☐Yes (Disease:_____) (Essential medication:)

7. Allergies? ☐No ☐Yes (If yes, please list causes/triggers)

8. Past history :Please indicate with + or −and fill in the date of recovery where applicable

Tuberculosis.....☐(. .) Malaria.....□(. .) Other communicable disease.....☐(. .)

Epilepsy.....☐(. .) Kidney Disease.....☐(. .) Heart Diseases.....☐(. .)

Diabetes.....☐(. .) Drug Allergy.....☐(. .) Asthma.....☐(. .)

Psychosis.....☐(. .)

9. In view of the applicant's history and the above findings, is it your conclusion that his/her health status is adequate to pursue studies in Japan ? Yes☐ No☐

Particular notes or additional comments : _____

Date:_____/_____/_____ Physician's Signature:_____

Physician's Name (Print): _____

Office/Institution

Address: _____

Phone Number:_____

E-mail:_____