

Required Immunizations:

Applicants for clinical training at Tokyo Medical University Hospital (TMUH) are required to obtain the following immunizations. Please fill out the following Immunization Form signed by a healthcare provider or submit your own immunization report in English inclusive of the information stated below.

- a. **Positive measles titer or evidence of 2 MMR vaccines.**
- b. **Positive mumps titer or evidence of 2 MMR vaccines.**
- c. **Positive rubella titer or evidence of 2 MMR vaccines.**
- d. **Positive Varicella (Chicken Pox) titer or evidence of 2 Varicella vaccines**

Others:

- It is recommendable to receive **an influenza vaccination** if you have clinical training during the influenza season from November through March.
- All healthcare personnel who have a reasonable chance of exposure to patients' blood and body fluids should acquire immunity to **Hepatitis B**.

Immunization Form

Name: _____

University: _____

Date of birth: _____

Sex: M/F

1) Results:

Antibody Titer Results

Mention positive (+) or negative (-) below

Measles: _____

Mumps : _____

Rubella : _____

Varicella: _____

* must attach a copy of laboratory report in English

OR

2) Dates Immunization Received:

MMR (measles, mumps, rubella)

Dose #1 _____ Dose #2 _____

OR

Measles: Dose #1 _____ Dose #2 _____

Mumps: Dose #1 _____ Dose #2 _____

Rubella: Dose #1 _____ Dose #2 _____

AND

Varicella: Dose #1 _____ Dose #2 _____

* must attach a proof of vaccination in English

Healthcare provider name: _____

Signature: _____ Date: _____

Healthcare provider stamp: