

Immunity and Vaccination

For international students/physicians undertaking their studies/observation of medical, nursing practices, including medical testing in Kyoto University Hospital

Kyoto University Hospital (KUH) requires all visitors to submit proof of immunity prior to their visiting to KUH. If your immunity status is low-titer or negative, you must submit proof of vaccination. Short-time clerkship (less than 6 days) and Research Laboratory clerkship are not required to complete this proof although immunization is recommended.

Without correct information of immunity your clerkship may not be eligible and permitted at KUH.

- a) Documentation of an acceptable positive titer for immunity to Measles, Rubella, Varicella, Mumps and Hepatitis B. A history of disease is not acceptable. (See the official reference titer in Table 1 and Table 2)
- b) Documentation of receiving required vaccination

Table 1

	Negative	Low-titer (positive, but not acceptable)	Positive (=indicating immunity, and acceptable)
Measles	EIA (IgG): negative PA: < 1:16 NT: < 1:4	EIA (IgG): - 16.0 PA: 1:16 - 1:128 NT: 1:4	EIA (IgG): ≥ 16.0 PA: ≥ 1:256 NT: ≥ 1:8
Rubella	EIA (IgG): negative HI: < 1:8	EIA (IgG): - 8.0 HI: 1:8 - 1:16	EIA (IgG): ≥ 8.0 HI: ≥ 1:32
Varicella	EIA (IgG): < 2.0 IAHA: < 1:2 NT: < 1:2	EIA (IgG): 2.0 - 4.0 IAHA: 1:2 NT: 1:2	EIA (IgG): ≥ 4.0 IAHA: ≥ 1:4 NT: ≥ 1:4
Mumps	EIA (IgG): negative	EIA (IgG): +/-	EIA (IgG): positive
Receive vaccines or proof of vaccination	More than TWO times	ONE time booster	Not necessary

Table 2

Hepatitis B (HBsAb)	Negative	Positive or ≥ 10.0mIU/mL
Receive vaccine or proof of vaccination	(scheduled THREE times vaccination in japan)	Not required

Vaccine guideline for healthcare workers 2nd (Japanese Society for Infection Prevention and Control, 2014)

Immunization Record for International Students/Physicians /Observation of Medical, Nursing practices, including medical testing

Please submit the following as proof: Institution/School official signature must be included. (Physician's signature or documents are not required. A signed statement of medical provider is required if you have specific medical contraindication to immunization)

Your Institute: _____

Your Name: _____

a) Documentation of an acceptable positive titer / your immunity status

	Method (eg; EIA, NT)	Date of Test (eg; May 3, 2016)	Result (value)	Immunity*
Measles				<input type="checkbox"/> Positive <input type="checkbox"/> Low-titer <input type="checkbox"/> Negative
Rubella				<input type="checkbox"/> Positive <input type="checkbox"/> Low-titer <input type="checkbox"/> Negative
Varicella				<input type="checkbox"/> Positive <input type="checkbox"/> Low-titer <input type="checkbox"/> Negative
Mumps				<input type="checkbox"/> Positive <input type="checkbox"/> Low-titer <input type="checkbox"/> Negative
Hepatitis B (Anti-HBs)				<input type="checkbox"/> Positive <input type="checkbox"/> Low-titer <input type="checkbox"/> Negative

*Please check your immunity according to the reference in Table 1 and Table 2.

b) Documentation of receiving required vaccination*

If your immunity status is low-titer or negative, you must to submit proof of receiving vaccine.

Vaccination	Indicate date of vaccines given (month/day/year)
Measles	Dose1 ___/___/___
	Dose2 ___/___/___
Rubella	Dose1 ___/___/___
	Dose2 ___/___/___
Varicella	Dose1 ___/___/___
	Dose2 ___/___/___
Mumps	Dose1 ___/___/___
	Dose2 ___/___/___
Hepatitis B*	Dose1 ___/___/___
	Dose2 ___/___/___
	Dose3 ___/___/___

* If you are a vaccine non-responder who cannot achieve immunity despite two or three complete hepatitis B series, only the most recent negative post-immunization anti-HBs data is required.

Declaration

I declare that this document and any attached documentation is an accurate representation of my current infection and immunization status. I have declared in writing, or will declare as soon as practicable, any other information that may impact my suitability for clinical clerkship.

Signature: _____

Institution/School official Declaration

I declare that, to the best of my knowledge, this document and any attached documentation is an accurate representation of this person's current infection and immunization status.

Print Name or signature: _____

Institution: _____