

Nagoya University Hospital – Medical Certificate

Affiliation:

Department to which you were accepted:

Date this form was filled out

(YYYY/MM/DD):

/ /

Name:

Start date at NU:

End date at NU:

/ / / /

As a measure to prevent cases of epidemic virus infections and Tuberculosis in the hospital and on campus, we ask that all international researchers, students, and visitors that visit the School/Graduate School of Medicine or the University Hospital please undergo the mandatory tests and vaccinations as indicated below.

1 Measles, Mumps, Rubella, Varicella (Required)

You are required to have a sufficient level of antibodies.

You are considered to have a “Sufficient level of immunity” if you satisfy one of the following:

• Measles, Mumps, Rubella

A) Vaccinated twice either with MMR or separately for each disease.

B) Antibody test is positive (Additional vaccination(s) required if result is negative)

• Varicella (Chickenpox)

A) Vaccinated twice for Varicella.

B) Was diagnosed by Medical Professional as having Varicella or Zoster (Shingles)

C) Antibody test is positive (Additional vaccination(s) required if result is negative)

• Unable to meet any requirements,
or

• Tests cannot be conducted

⇒ **At least 1 vaccination of each disease** required before submitting documents.

| | Vaccination Date (YYYY/MM/DD) | | Diagnosed Date | Antibody Test | | | | |
|-----------|----------------------------------|------|----------------|---------------------------|-------------|--------------|---------------------|---------------------|
| | No.1 | No.2 | | Test Date (YYYY/MM/DD) | Test Method | Test Results | | |
| Value | | | Circle One | | | | | |
| Measles | | | | | | | Positive / Negative | |
| Mumps | | | | | | | | Positive / Negative |
| Rubella | | | | | | | | Positive / Negative |
| Varicella | | | | | | | | Positive / Negative |

Indicate the method of testing used in “Test Method”. The methods preferred are EIA/NT/PA for Measles, EIA for Mumps, EIA/HI for Rubella, and EIA/IAHA for Varicella.

Indicate the presence and level of antibodies in “Test Results”.

If the test result is “Negative”, receive at least 1 vaccination and indicate the date(s) in “Vaccination Date”.

*EIA (IgG) : enzyme immunoassay, NT: neutralization test,

PA: particle agglutination test, HI: hemagglutination inhibition test, IAHA: immune adherence hemagglutination test

<Doctor's Certification Section>

I hereby certify the vaccination records and results pertaining to #1.

Name of Testing Facility:

Doctor's Name/Signature:

#2 Tuberculosis (Required)

We have had several cases of international students having Tuberculosis. International students must take a Chest X-Ray to check for any abnormal shadows, or produce negative T-SPOT or QuantiFERON test results **within 6 months of beginning your time at Nagoya University**. In addition, if you experience coughing, mucus, and fever for a period of 14 consecutive days or more within 1 month prior to your beginning date, you must obtain certification that there are no abnormalities with your Chest X-Ray separate from that mentioned above and submit it to the International Exchange and International Students Section of the Student Affairs Division by the date your time at Nagoya University is set to begin.

| | Test Date (YYYY/MM/DD) | Test Result (circle one) | Reference Range |
|-------------|---------------------------|---|-----------------|
| Chest X-ray | | Abnormal: Yes/No | No Abnormality |
| QFT | | Negative / Indeterminant / Positive | Negative |
| T-Spot | | Negative / Indeterminant / Positive | Negative |

<Doctor's Certification Section>

I hereby certify the test results pertaining to #2.
He/she has no active tuberculosis.

Name of Testing Facility:

Doctor's Name/Signature:

#3 Hepatitis B (Test: Required / Vaccination: Recommended if not enough antibodies but will be involved in clinical activities.)

Because you may be exposed to blood or other bodily fluids when in the hospital or other medical sites, make sure to report your current HBs antibody status beforehand. If you don't have HBs-antibodies and have received a vaccination, indicate the information on the right. It is recommended to have HBs antibodies.

| | Test Date (YYYY/MM/DD) | Test Method (Circle the test method used) | Value | Reference Range |
|----------------|---------------------------|--|-------|-----------------|
| HBs Antibodies | | EIA / CLIA | | |

| | Vaccination Date (YYYY/MM/DD) |
|-------|----------------------------------|
| No. 1 | |
| No. 2 | |
| No. 3 | |

Contact Information:

【Regarding Administrative procedures/ Submission of documents】

International Exchange & International Students Section, Student Affairs Division

(TEL) +81-52-744-2440 (E-mail) iga-ryu@adm.nagoya-u.ac.jp

【Regarding Test Method and Vaccinations】

Department of Infection Control and Prevention

(TEL) +81-52-744-2477 (E-mail) kansen@med.nagoya-u.ac.jp

<Doctor's Certification Section>

I hereby certify the test results pertaining to #3.

Name of Testing Facility:

Doctor's Name/Signature: