**Immunization Requirements**

1. Tetanus/Diphtheria: One dose of Td within the past ten (10) years.

2. Measles (Rubeola):

· Two doses of measles vaccine on or after the first birthday, at least 30 days apart; or

· At least one dose of measles vaccine prior to patient contact and completion ASAP; or

· Immunity to measles (M.D.-validated illness or serology).

3. Rubella

· One dose of rubella vaccine on or after the first birthday; or

· Serologic immunity to rubella.

4. Mumps:

· One dose mumps vaccine on or after the first birthday; or

· Immunity to mumps (M.D.-validated illness or serology).

5. Hepatitis B: A complete series of hepatitis B vaccine or serologic confirmation of immunity prior to enrollment.

**All international visiting students must show proof of immunizations/serologic confirmation (all foreign documentation must be translated into English) at the time of application. Elective approval will be denied if documentation is not provided.**

By law, each school is required to maintain records of the immune status of each of its enrollees, which are to be available for inspection upon the request of state or local health authorities, and to make an annual report of the vaccine status of its enrollees.

**TB Testing Requirements**

In addition to the immunizations listed above, Nagoya requires proof of a TB test (Mantoux or PPD) taken **within 6 months** before the visit and the results. If the TB test was positive, certification of a negative chest x-ray is required.

**Immunization Certification Form**

This form must be completed, signed, and submitted to Nagoya University School of Medicine, Office of Student Affairs, prior to starting any rotation.

Student's Name (Print):

Student's Signature:

Student's Medical School:

I hereby certify that the above named individual has been immunized with Tetanus/Diphtheria within the past ten (10) years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

I hereby certify that the above named individual has been tested for and found immune, or immunized if found susceptible, to Rubella and Measles.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

I hereby certify that the above named individual has immunity to mumps (check one):

\_\_\_\_ by having had the illness or

\_\_\_\_ by serologic immunization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

I hereby certify that the above named individual has taken a complete series of Hepatitis B vaccine or that this individual has serologic confirmation of immunity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

**Certification of TB Screening**

I hereby certify that the above named individual has been screened for TB and found to have a NEGATIVE response to the TB screening.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

I hereby certify that the above named individual has been screened for TB, was found to have a POSITIVE response, but subsequently had a negative chest x-ray, which was taken on

\_\_\_\_\_\_\_\_\_\_\_\_(date).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Dean of Student Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

Signed form should be sent, along with application, processing fee, and other necessary documents to:

Office of International Affairs

Nagoya University School of Medicine

65 Tsurumai-cho, Showa-ku, Nagoya, Aichi 466-8550 JAPAN

INSTRUCTION

※※Do not sign both sections※※

You will only need a signature in **either “Negative” OR “Positive response with a negative chest x-ray”** section.

**Certification of TB Screening**

I hereby certify that the above named individual has been screened for TB and found to have a NEGATIVE response to the TB screening.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

I hereby certify that the above named individual has been screened for TB, was found to have a POSITIVE response, but subsequently had a negative chest x-ray, which was taken on

Date of chest x-ray which must have been taken within last 6 months

\_\_\_\_\_\_\_\_\_\_\_\_ (date).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Dean of Student Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Student Affairs

Signed form should be sent, along with application, processing fee, and other necessary documents to:

Office of International Affairs

Nagoya University School of Medicine

65 Tsurumai-cho, Showa-ku, Nagoya, Aichi 466-8550 JAPAN