

3-25-8, Nishi-Shimbashi, Minato-ku, Tokyo 105-8461 Japan

Immunisation and Health Screening Form

All applicants must complete the Immunisation and Health Screening Form. Students are not allowed to have contact with patients until we have received proof that they are immune to the followings: Mumps, Measles, Rubella, Varicella, Tuberculosis and Hepatitis B.

Part1, 2, and 3 must be submitted with your application form. Part 4 must be submitted no later than 1 month before your arrival in Japan. Send to<u>: elective@jikei.ac.jp</u>

PART I: : To be completed by the visitor/observer

First name	Surname		
Date of Birth(mm/dd/yyyy)		Male	Female
Name of University			
E-mail address			
Home address			
Intended department			
of elective placement			
Date of placement			

Have you been exposed to a disease listed in the following homepage?

https://www.mhlw.go.jp/english/wp/wp-hw4/dl/health and medical services/P79.pdf

YES NO

In case of yes, please provide the information in detail.

If you would like to inform us about your health condition, such as history of anaphylactic shock, having food allergy, asthma, epilepsy, type I diabetes, cardiomyopathy, arrhythmia, sickle cell anemia, mental disease and other specific diseases, or about any medicine in use, please describe it in the space below.



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PART II:	To be completed and signed by a physic Tick appropriate box.	cian.
MEASLES: Immunise Vaccine Vaccine	(, , , , , , , , , , , , , , , , , , ,	
	serology confirmed e of the methods below (EIA is recomme	ended), and please specify the result in figures. It : Test Date:
MUMPS :	Two doses of Mumps vaccine or serold	ogic evidence of immunity through a blood test
1. Immunsation Dates given Dates given	n with <u>two</u> doses of live virus vaccine? mm dd yyyy mm dd yyyy	□ Dose 1// Dose 2//
•	nfirmed by blood titer? hod and result Laboratory Result:	Test Date:
RUBELLA :	Two doses of Rubella vaccine or serolo	ogic evidence of immunity through a blood test
1. Immunisatio Dates given Dates given	on with <u>two</u> doses of live virus vaccine? mm dd yyyy mm dd yyyy	□ Dose 1/ Dose 2/
	nfirmed by blood titer?	ed) and please specify the result in figures. Date Performed//
VARICELLA:	Two doses of Varicella vaccine or serol	logic evidence of immunity through a blood test
1. Immunisatio Dates given Dates given	n with <u>two</u> doses of live virus vaccine? mm dd yyyy mm dd yyyy	□ Dose 1/ Dose 2/
•		ed), and please specify the result in figures. Date Performed//
HEPATITIS B:	Serologic evidence of immunity through	n a blood test
•	irmed by blood titer	Date Performed/////



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PART III	To be completed and signed by a physician.				
	All dates must include month, day and year. Tick appropriate box.				
1. Are you from a country with a high risk of tuberculosis?			NO		
Please refe	er to the WHO website. https://www.who.int/teams/global-tuberculosis-programme/data				
A rate of 4	0 per 100,000 or more is considered to be a high indicate of tuberculosis.				
2. Have you e	ver had close contact with a person who has active tuberculosis?	YES 🗌	NO		
Plaasa Nata:	Perform your arrival (refer to part $ V\rangle$)				
	Before your arrival (refer to part IV),				
you must submit the results of an interferon-based assay tuberculosis blood test OR a chest radiograph.					

Please review the information above and sign below.

I hereby verify that the information provided on this form (Part I - III) is accurate, to the best of my knowledge.

Date

Signature

Print name / in block letters

Hospital/Institution name and address (Must be a physician at the student's institution)

Contact e-mail address



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PART IV This final part must be sent to elective@jikei.ac.jp <u>no later than 1 month before your arrival</u> in Japan. You must submit the results of either ① or ②.
If you fail to submit this form on time, your participation in the elective will be automatically cancelled.

① Quantiferon Gold Test or T-Spot Test Date: ____/ ___ Result_____ mm dd yyyy

* Interferon-based Assay TB Blood Test (IGRA) within the last 12 months.

② Chest X-ray Date performed : ____/___ Result_____ Result_____

* A chest radiograph must be taken and examined for diagnosis within 2 months before your arrival date in Japan.

Please review the information above and sign below.

① Quantiferon Gold Test or T-Spot must be signed a physician at the student's institution,

(2) Chest X-ray must be signed by a clinician specializing in radiology, infectious diseases at the student's institution.

I hereby verify that the information provided on this form (Part IV) is accurate, to the best of my knowledge.

Signature

Date

Print name in block letters

Hospital/Institution name and address (Must be a physician at the student's institution)

Contact e-mail address

Please note if you have symptoms of possible infectious disease when starting your elective, your elective might be cancelled/terminated after consultation with a specialist.