

Juntendo University Hospital Immunization Requirements

Name: _____

Date of Birth: _____

Measles, Mumps, Rubella (M.M.R.):	2 doses of the M.M.R. vaccine • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ _____ · _____ · _____ Month Day Year	Dose #2 Date: _____ _____ · _____ · _____ Month Day Year	
or			
Measles (Rubeola):	2 doses of the measles vaccine • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ _____ · _____ · _____ Month Day Year	Dose #2 Date: _____ _____ · _____ · _____ Month Day Year	Serology • Titer above 800 mIU/ml or 16.0 EIA Test Date: _____ _____ · _____ · _____ Month Day Year
			Test Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Mumps:	2 doses of the mumps vaccine • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ _____ · _____ · _____ Month Day Year	Dose #2 Date: _____ _____ · _____ · _____ Month Day Year	Serology • Titer above 200 mIU/ml or 4.0 EIA Test Date: _____ _____ · _____ · _____ Month Day Year
			Test Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Rubella:	2 doses of the rubella vaccine • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ _____ · _____ · _____ Month Day Year	Dose #2 Date: _____ _____ · _____ · _____ Month Day Year	Serology • Titer above 400 mIU/ml or 8.0 EIA Test Date: _____ _____ · _____ · _____ Month Day Year
			Test Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Varicella (Chicken Pox):	2 doses of the varicella vaccine • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ _____ · _____ · _____ Month Day Year	Dose #2 Date: _____ _____ · _____ · _____ Month Day Year	Serology • Titer above 200 mIU/ml or 4.0 EIA Test Date: _____ _____ · _____ · _____ Month Day Year
			Test Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Hepatitis B:	3 doses of the hepatitis B vaccine • Dose #1 • Dose #2: 1 month after Dose #1 • Dose #3: 5 months after Dose #2 Dose #1 Date: _____ _____ · _____ · _____ Month Day Year	Dose #2 Date: _____ _____ · _____ · _____ Month Day Year	Dose #3 Date: _____ _____ · _____ · _____ Month Day Year
			Serology • HBsAb titer above 10 mIU/ml or 0.2 EIA Test Date: _____ _____ · _____ · _____ Month Day Year
			Test Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Tuberculosis:	PPD (Mantoux) • An induration \geq 10mm requires an x-ray report • Report must be within 1 year of the program. Test Date: _____ _____ · _____ · _____ Month Day Year	Result: _____ mm induration	or X-Ray Report • Report must be within 1 year of the program. Report Date: _____ _____ · _____ · _____ Month Day Year
	or IGRA blood test • A positive result requires a x-ray report • Report must be within 1 year of the program. Test Date: _____ _____ · _____ · _____ Month Day Year	Result: <input type="checkbox"/> = Positive <input type="checkbox"/> = Negative	Report Result: <input type="checkbox"/> = No Signs of Tuberculosis <input type="checkbox"/> = Other comments attached
Influenza:	Influenza Vaccine • Required for applicants who plan to attend Juntendo University anytime between October 1 - April 30 Vaccine Date: _____ _____ · _____ · _____ Month Day Year		

Health Care Provider:

Organizational Stamp:

Name: _____

Signature: _____

Date: _____

Address: _____

Phone: _____

Juntendo University Hospital Immunization Requirements

Criteria:

- Clinical observers who meet the following criteria must submit all medical and immunization requirements listed below:
 - Will have physical or face to face contact with a patient.
 - Will have contact with potentially contaminated items including, but not limited to, blood and/or body fluids.

Required Forms:

- Health Examination Certificate
- Juntendo University Hospital Immunization Requirements

General Information:

- Clinical observers must meet the immunization requirements to enter a Juntendo University Affiliated Hospital.
- All supporting documents must be submitted in either English or Japanese.
- All supporting documents must be certified by a health care organization.
- All vaccination dates must list a day, month, and year.
- Units: milli-international units / milliliters (mIU/ml) or EIA (Enzyme Immunoassay).
- The immunization requirements are based on the standards set by the [Japanese Society for Infection Prevention and Control](#).
- MMR
 - A serology report must list an exact serology level. If the units of the MMR serology tests are not in mIU/ml or EIA applicants should contact the International Center to determine whether the test will be valid.
- Varicella
 - A history of chicken pox is not sufficient proof. The vaccination or serology requirement must be met to complete the varicella requirement.
- Tuberculosis
 - Tuberculosis reports must be dated within 1 year of the applicant's arrival date to meet the requirements.
 - A BCG vaccination is not sufficient proof. To meet the TB requirement applicants must submit a PPD, IGRA, or x-ray report.
- Influenza
 - Proof of an influenza vaccination is not due at the time of the application. Proof must be submitted before arrival if the applicant expects to complete part of their observership between October 1 to April 30.
- Applicants who have not met the immunization requirements at the time of their application must complete the [Juntendo University Hospital Immunization Requirements Pledge](#).

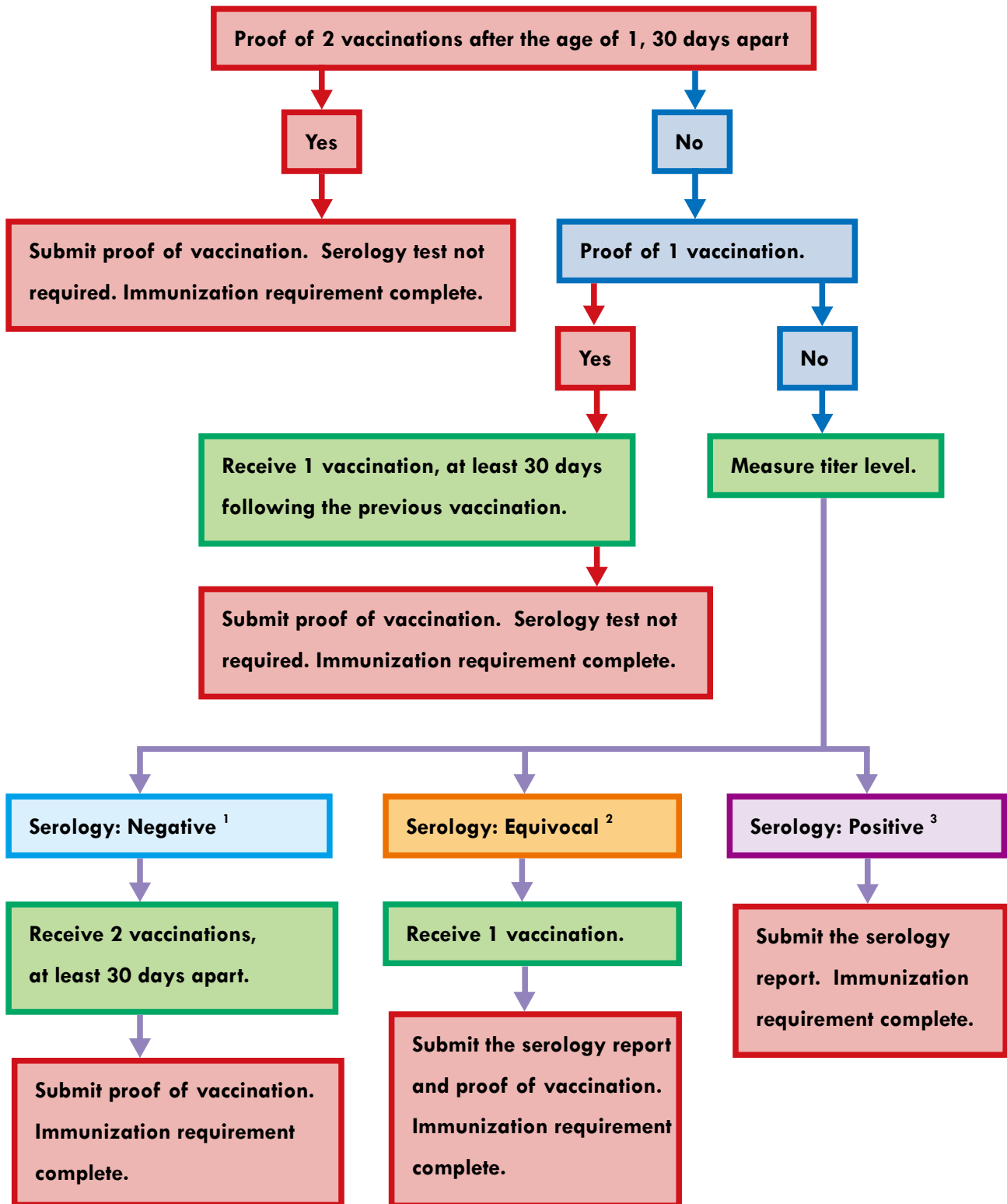
Immunizations Requirements

- The flow charts on the following pages list the immunization requirements:
 - [Measles, mumps, rubella, and varicella](#)
 - [Hepatitis B](#)
 - [Tuberculosis](#)

Questions

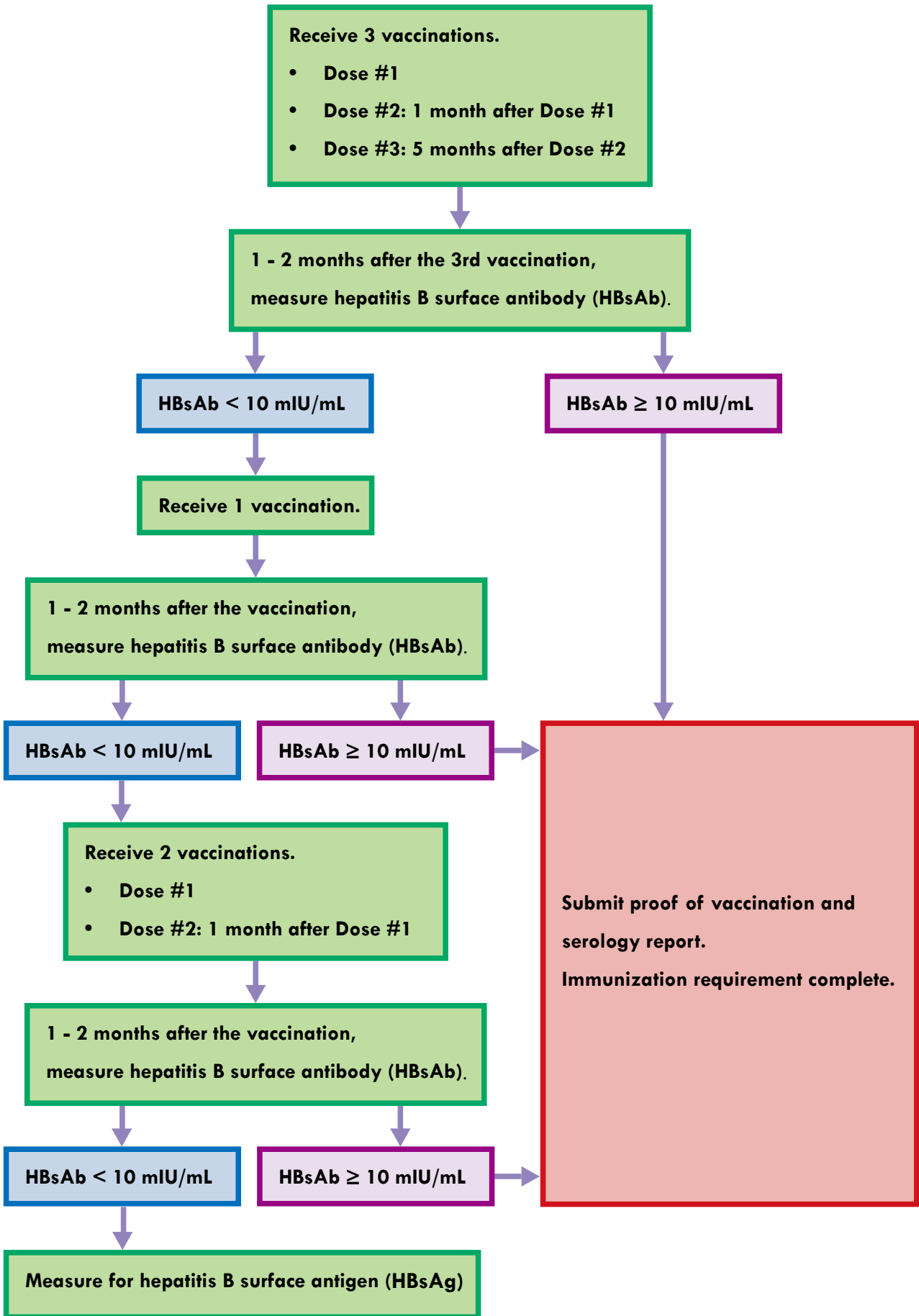
- Email Juntendo University International Center (JUIC) juic@juntendo.ac.jp

MEASLES, MUMPS, RUBELLA, AND VARICELLA IMMUNIZATION REQUIREMENT FLOW CHART



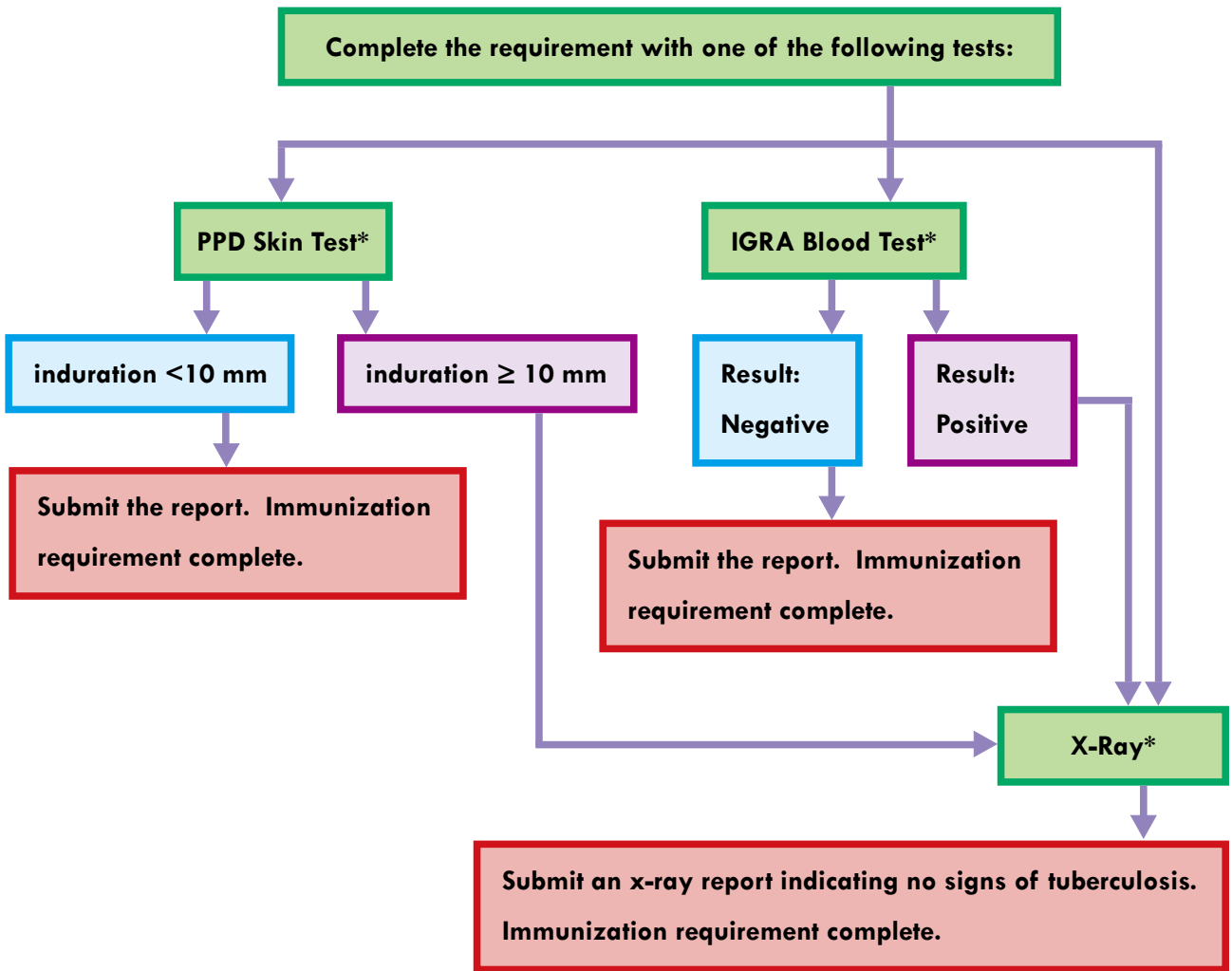
Disease	Serology: Negative ¹	Serology: Equivocal ²	Serology: Positive ³
Measles	Less than 100 mIU/ml or 2.0 EIA	Between 100 ~ 799 mIU/ml or 2.0 ~ 15.9 EIA	Greater than or equal to 800 mIU/ml or 16.0 EIA
Mumps	Less than 100 mIU/ml or 2.0 EIA	Between 100 ~ 199 mIU/ml or 2.0 ~ 3.9 EIA	Greater than or equal to 200 mIU/ml or 4.0 EIA
Rubella	Less than 100 mIU/ml or 2.0 EIA	Between 100 ~ 799 mIU/ml or 2.0 ~ 7.9 EIA	Greater than or equal to 400 mIU/ml or 8.0 EIA
Varicella	Less than 100 mIU/ml or 2.0 EIA	Between 100 ~ 199 mIU/ml or 2.0 ~ 3.9 EIA	Greater than or equal to 200 mIU/ml or 4.0 EIA

HEPATITIS B REQUIREMENT FLOW CHART



Note: An applicant who tests “positive” after a HBsAg test will not need further vaccination, because the applicant is currently infected with Hepatitis B. Email JUIC to see whether you may apply.

TUBERCULOSIS REQUIREMENT FLOW CHART



*Report must be within one year of the program.

Juntendo University Hospital Health Examination & Immunization Requirements Pledge

- I met the health examination requirement, Proof attached or Proof will be submitted on: _____
- I have read all of the immunization requirements.
- I intend to complete the immunization requirements the following way.

Measles

- I have met the vaccination requirement, Proof attached or Proof will be submitted on: _____
- I will receive a vaccination(s) on the following date(s): ① _____; ② _____
- I will measure my titer level on the following date: _____
- In the case my titer level is below the requirements: I will receive another vaccination(s) on the following date(s):
① _____; ② _____

Mumps

- I have met the vaccination requirement, Proof attached or Proof will be submitted on: _____
- I will receive a vaccination(s) on the following date(s): ① _____; ② _____
- I will measure my titer level on the following date: _____
- In the case my titer level is below the requirements I will receive another vaccination(s) on the following date(s):
① _____; ② _____

Rubella

- I have met the vaccination requirement, Proof attached or Proof will be submitted on: _____
- I will receive 1 vaccination on the following date: _____
- I will receive a vaccination(s) on the following date(s): ① _____; ② _____
- I will measure my titer level on the following date: _____
- In the case my titer level is below the requirements I will receive another vaccination(s) on the following date(s):
① _____; ② _____

Varicella

- I have met the vaccination requirement, Proof attached or Proof will be submitted on: _____
- I will receive a vaccination(s) on the following date(s): ① _____; ② _____
- I will measure my titer level on the following date: _____
- In the case my titer level is below the requirements I will receive another vaccination(s) on the following date(s):
① _____; ② _____

Hepatitis B

- I have met the vaccination requirement and I have met the serology requirement, Proof attached or Proof will be submitted on: _____
- I will receive a vaccination(s) on the following date(s): ① _____; ② _____; ③ _____
- I will measure my HBsAb level on the following date(s): ① _____; ② _____; ③ _____
- In the case my titer level is below the requirements I will receive another vaccination(s) on the following date(s):
① _____; ② _____; ③ _____

Tuberculosis

- I have met the PPD requirement / I have met the IGRA requirement / I have met the x-ray requirement, Proof attached or Proof will be submitted on: _____
- I will complete a PPD test, IGRA blood test, or x-ray on the following date: _____

Influenza

- Requirement already complete, proof attached or Proof will be submitted on: _____ / Not applicable
- I will receive a vaccination on the following date: _____

Please provide any additional comments about a specific immunization requirement, if necessary, in the application email.

- I understand that in the case I do not complete the all of the Juntendo University Hospital immunization requirements I will not be able to enter Juntendo University Hospital in association with a Juntendo University academic program.
- I understand that any letter of acceptance from Juntendo University will be voided in the case I do not meet the Juntendo University Hospital immunization requirements.

Signature: _____ Date: _____

Name: _____