

Juntendo University Hospital Immunization Requirements

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Juntendo University Hospital Immunization Requirements

Criteria:

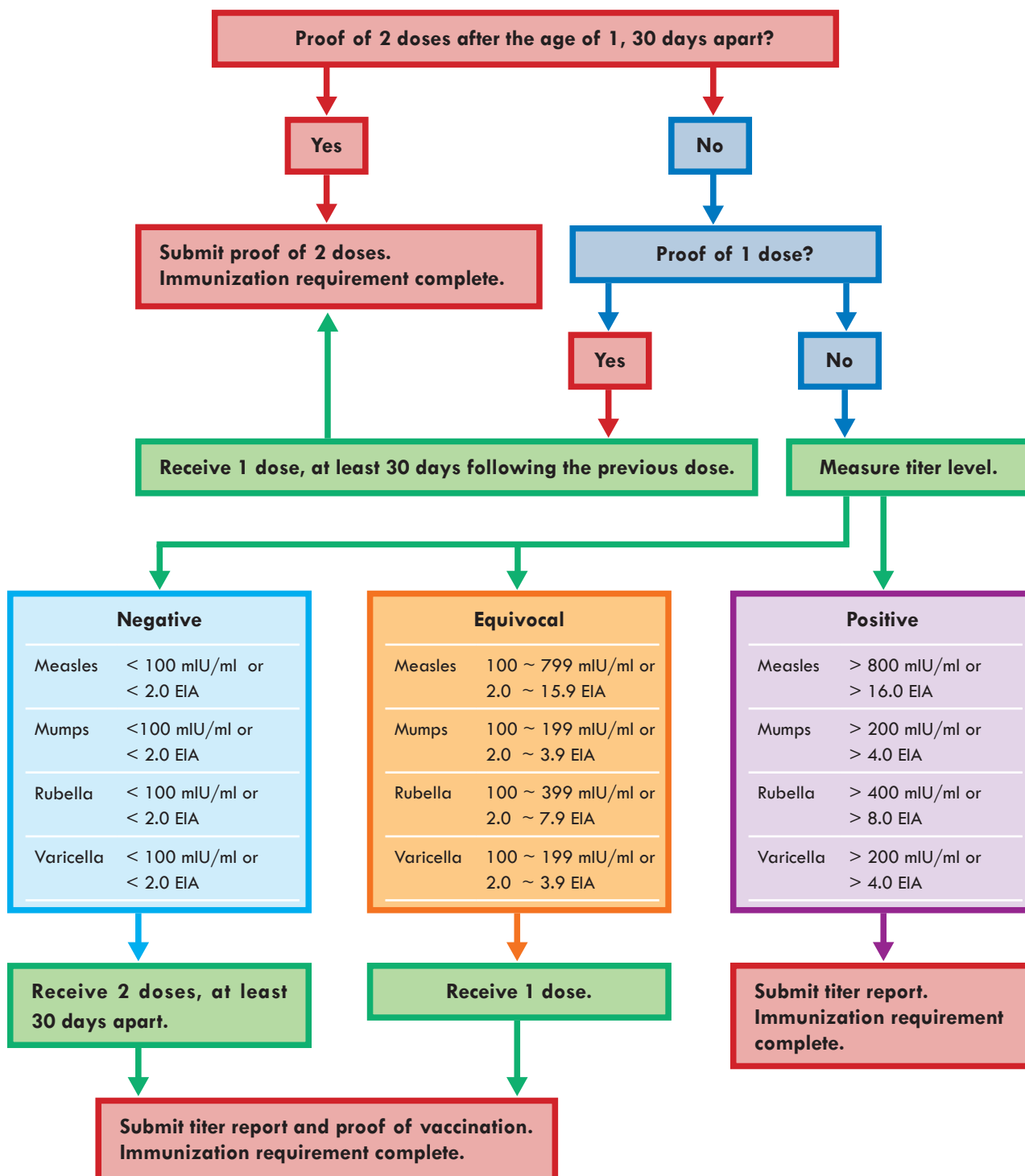
- People who meet the following criteria must meet the Juntendo University Hospital Immunization Requirements:
 - Will have physical or face to face interaction with a patient.
 - Will have contact with potentially contaminated items including, but not limited to, blood and/or body fluids.

General Information:

- The Juntendo University Hospital Immunization Requirements are based on the standards set by the [Japanese Society for Infection Prevention and Control](#).
- Information about individual immunization requirements may be found on the following pages:
 - [Measles, mumps, rubella, and varicella: page 3](#)
 - [Hepatitis B: page 4](#)
 - [Tuberculosis: page 5](#)
 - [Influenza: page 5](#)
- The [Immunization Requirements Flow Chart on page 6](#) displays how to complete the requirements.
- [Samples of completed immunization requirements are available on pages 7-8.](#)
- All supporting documents must be submitted in either English or Japanese.
- All immunization requirements must be certified by a healthcare organization.
- All vaccinations and titer report dates must list a day, month, and year.
- Units: milli-international units / milliliters (mIU/ml) or Enzyme Immunoassay (EIA).

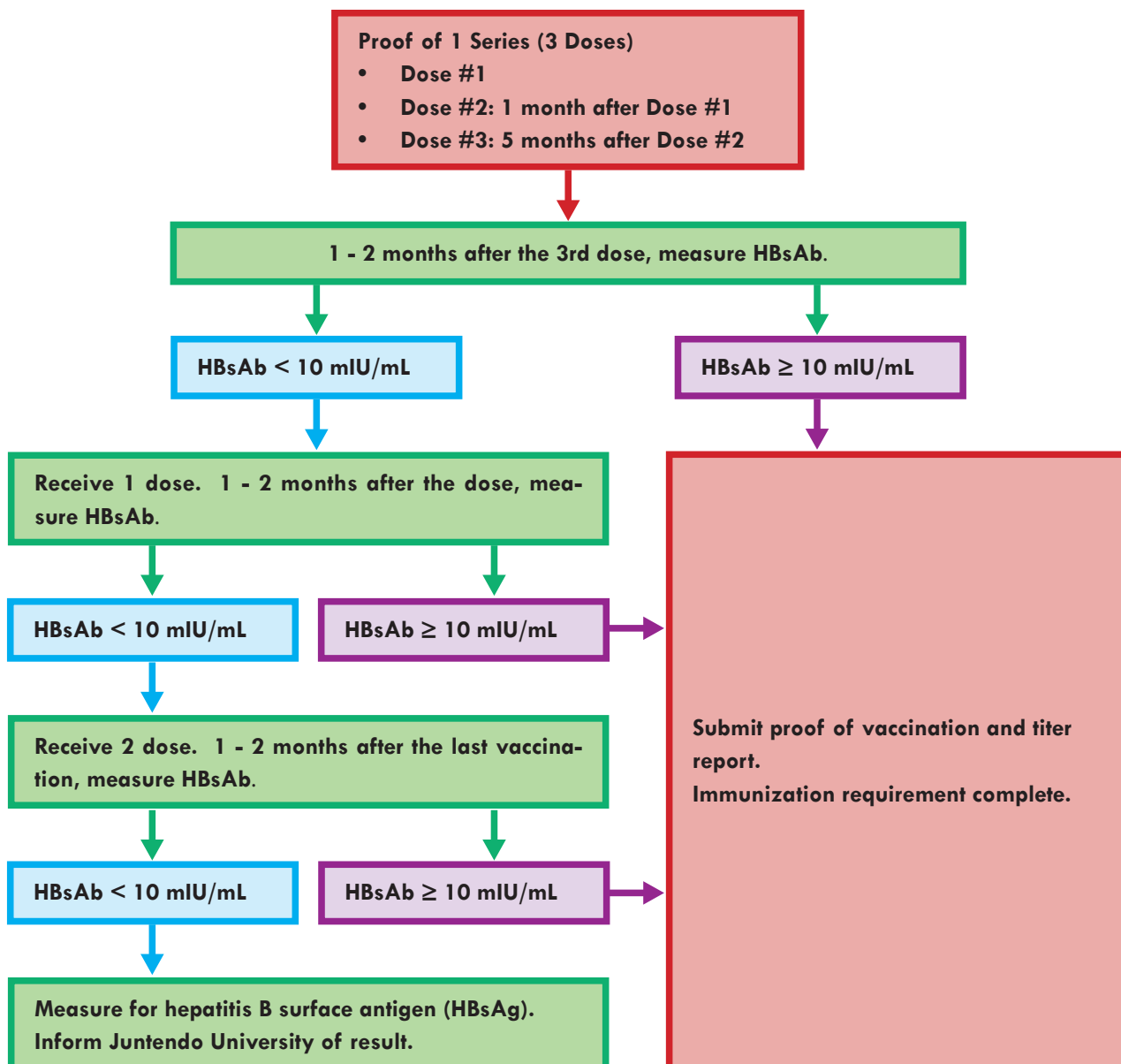
To Meet the Measles, Mumps, Rubella, and Varicella Requirements

- Submit proof of two doses of the vaccine at least 30 days apart, received after the age of one.
- If you have proof of one dose received after the age of one, receive an additional dose, at least 30 days after the first dose and submit proof of the two doses.
- If you do not have proof of two doses, you may get a serology test and submit the titer report and proof of vaccination if necessary. [The tables below indicate the reference intervals.](#)
 - A negative titer report requires two doses at least 30 days apart following the serology test.
 - An equivocal titer report requires a dose following the serology test.
 - A positive titer report does not require a dose following the serology test.
 - A titer report must list an exact level.
 - Detected or positive titer reports without an exact level do not meet the requirements. To meet the requirements submit an index that determines how the titer report classified the detected or positive result.
- A history of chicken pox does not meet the varicella requirement.



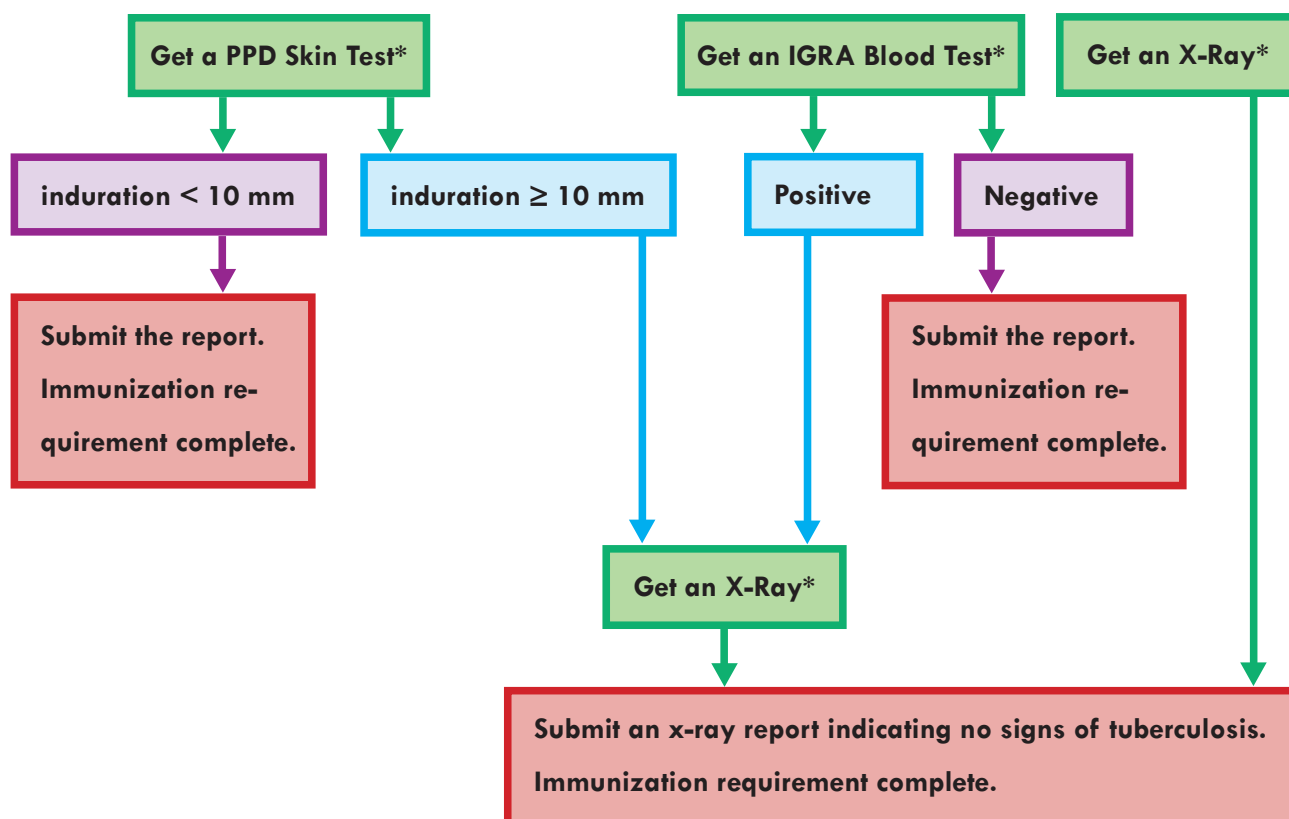
To Meet the Hepatitis B Requirement

- Submit proof of one vaccination series (3 doses) of the hepatitis B vaccine and a hepatitis B surface antibody (HBsAb) titer report greater than or equal to 10 mIU/ml, 1 - 2 months after the last dose.
 - The HBsAb titer report must list an exact level.
 - A positive titer report without an exact level does not meet the requirements. To meet the requirements submit an index that determines how the titer report classified the positive result.
- After three doses of the hepatitis B vaccine, if your HBsAb titer report is below 10 mIU/ml receive an additional dose of the HB vaccine. 1 - 2 months after the last dose, undergo an HBsAb test. If the titer report is above 10 mIU/ml, submit proof of vaccination and the titer report to meet the requirements.
- After four doses of the hepatitis B vaccine, if your HBsAb titer report remains below 10 mIU/ml receive an additional two doses. 1 - 2 months after the last dose, undergo an HBsAb test. If the titer report is above 10 mIU/ml, submit proof of vaccination and the titer report to meet the requirements.
- After two vaccination series (six doses) of the hepatitis B vaccine if your HBsAb titer report is below 10 mIU/ml take a hepatitis B surface antigen (HBsAg) test. Inform Juntendo University International Center (juic@juntendo.ac.jp) of the HBsAg results to determine how to proceed.



To Meet the Tuberculosis Requirement

- Submit one of the following reports dated within one year of your program start date:
 - Purified Protein Derivative (PPD) skin test with an induration < 10 mm
 - Interferon-Gamma Release Assays (IGRA) blood test with a negative result
 - X-ray report with no signs of TB
- If you have a PPD test result with an induration greater than or equal to 10mm, submit an x-ray report indicating no signs of tuberculosis to meet the requirement.
- If you have a positive IGRA test result, submit an x-ray report indicating no signs of tuberculosis to meet the requirement.
- Proof a Bacille Calmette-Guerin (BCG) vaccination does not meet the tuberculosis requirement.

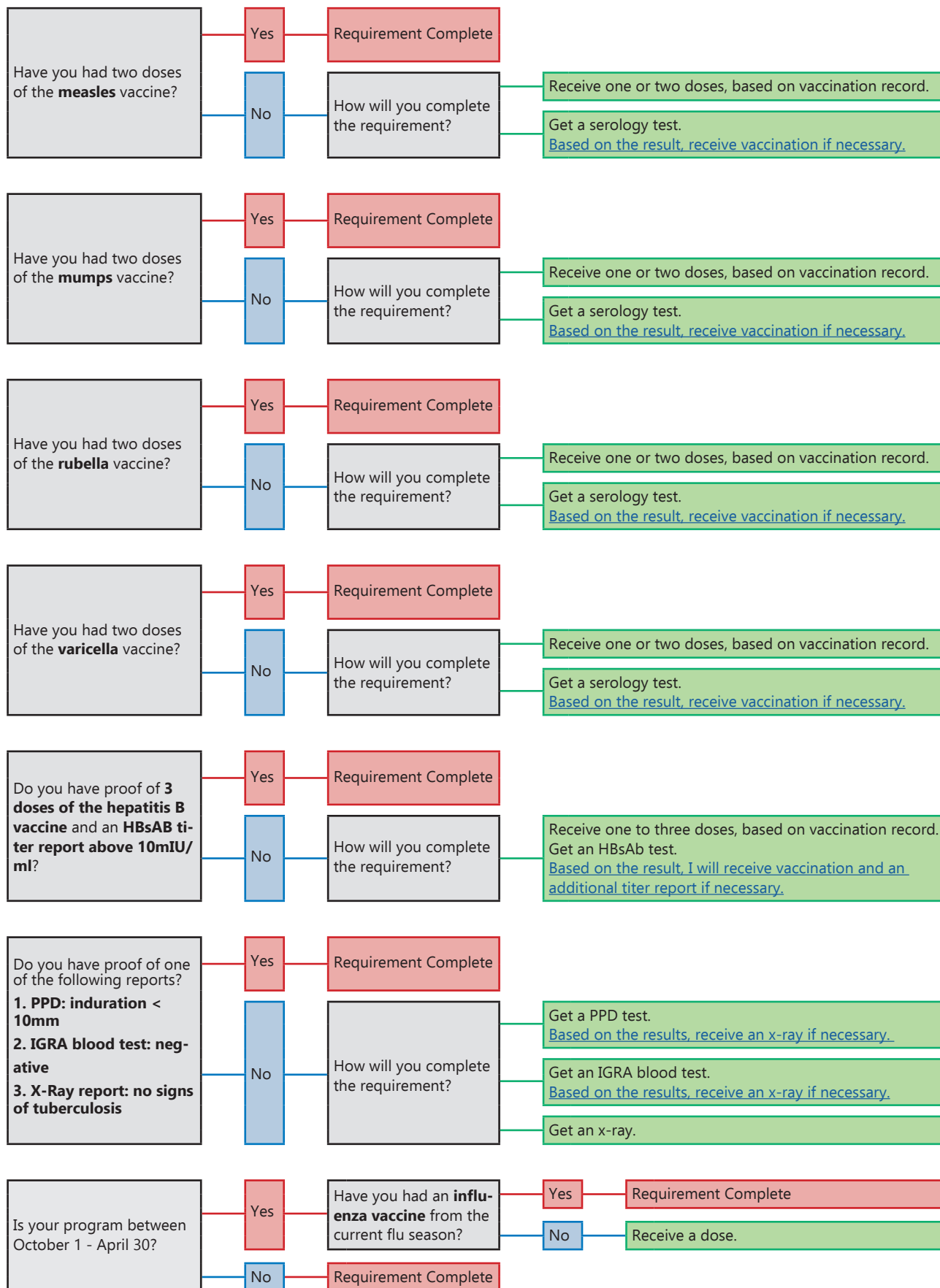


*Report must be within one year of the program.

To Meet the Influenza Requirement

- If you expect to complete part of your program between October 1 to April 30, submit proof of an influenza vaccination from the current flu season before arrival.
- If you expect to complete part of your program between May 1 to September 30, you do not need to submit proof of an influenza vaccination to attend the program.
- If your program starts before October 1 and will extend into October, you may receive the influenza vaccination in Japan.

Juntendo University Hospital Immunization Requirements Flow Chart



EXAMPLE: Start on 1 September 2021

Juntendo University Hospital Immunization Requirements

Name: Firstname Lastname

Date of Birth: Day Month Year

Measles:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart			or	Titer report, if proof of vaccination not available	
	Dose #1 Date: <u>20</u> . <u>5</u> . <u>1997</u> Day Month Year	Dose #2 Date: <u>25</u> . <u>6</u> . <u>1997</u> Day Month Year			Two measles vaccinations, titer report not necessary, measles requirement complete.	
Mumps:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart			or	Titer report, if proof of vaccination not available	
	Dose #1 Date: <u>20</u> . <u>5</u> . <u>1997</u> Day Month Year	Dose #2 Date: <u>25</u> . <u>6</u> . <u>1997</u> Day Month Year			Two mumps vaccinations, titer report not necessary, mumps requirement complete.	
Rubella:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart			or	Titer report, if proof of vaccination not available	
	Dose #1 Date: <u>20</u> . <u>5</u> . <u>1997</u> Day Month Year	Dose #2 Date: <u>25</u> . <u>6</u> . <u>1997</u> Day Month Year			Two rubella vaccinations, titer report not necessary, rubella requirement complete.	
Varicella:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart			or	Titer report, if proof of vaccination not available	
	Dose #1 Date: <u>20</u> . <u>5</u> . <u>1997</u> Day Month Year	Dose #2 Date: <u>25</u> . <u>6</u> . <u>1997</u> Day Month Year			Two varicella vaccinations, titer report not necessary, varicella requirement complete.	
Hepatitis B:	3 doses • Dose #1 • Dose #2: 1 month after Dose #1 • Dose #3: 5 months after Dose #2			&	Titer report, if proof of vaccination not available	
	Dose #1 Date: <u>7</u> . <u>2</u> . <u>13</u> Day Month Year	Dose #2 Date: <u>1</u> . <u>3</u> . <u>13</u> Day Month Year	Dose #3 Date: <u>2</u> . <u>8</u> . <u>13</u> Day Month Year		<u>20</u> . <u>5</u> . <u>2021</u> Day Month Year	1,000 <input checked="" type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Tuberculosis:	X-ray report with no signs of tuberculosis, PPD and IGRA tests not necessary, requirement complete.			or	X-Ray Report	
	Date: _____ Day Month Year				• Within 1 year of the program.	
	or				Date: <u>20</u> . <u>5</u> . <u>2021</u> Day Month Year	
Influenza:	Vaccine • Required if attending Juntendo University Hospital between: October 1 - April 30				Program start date between May 1 - September 30, influenza vaccination not necessary.	
	Vaccine Date: _____ Day Month Year					
	Date: _____ Day Month Year				Result: <input checked="" type="checkbox"/> = No Signs of Tuberculosis <input type="checkbox"/> = Other comments attached	

Healthcare Provider:

Name: Healthcare Provider Name, MD

Signature: Healthcare Provider Signature

Date: Day Month Year

Address: Number, Street, City, Zip code, Country

Phone: 000 - 000 - 000

Organizational Stamp:

Healthcare Provider Official Stamp

Healthcare provider signature and stamp, immunization requirements complete.

EXAMPLE: Start on 30 November 2021

Juntendo University Hospital Immunization Requirements

Name: Firstname Lastname

Date of Birth: Day Month Year

Measles:	Measles vaccination history not available, titer report above 800 mIU/ml, requirement complete.	or	Titer report, only if proof of vaccination not available • Above 800 mIU/ml or 16.0 EIA Date: <u>20</u> . <u>5</u> . <u>2021</u> Day Month Year Result: <u>900</u> <input checked="" type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Mumps:	Mumps vaccination history not available, titer report above 200 mIU/ml, requirement complete.	or	Titer report, only if proof of vaccination not available • Above 200 mIU/ml or 4.0 EIA Date: <u>20</u> . <u>5</u> . <u>2021</u> Day Month Year Result: <u>300</u> <input checked="" type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Rubella:	Rubella vaccination history not available, titer report above 400 IU/ml, requirement complete.	or	Titer report, only if proof of vaccination not available • Above 400 mIU/ml or 8.0 EIA Date: <u>20</u> . <u>5</u> . <u>2021</u> Day Month Year Result: <u>500</u> <input checked="" type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Varicella:	Varicella vaccination history not available, titer report above 200 mIU/ml, requirement complete.	or	Titer report, only if proof of vaccination not available • Above 200 mIU/ml or 4.0 EIA Date: <u>20</u> . <u>5</u> . <u>2021</u> Day Month Year Result: <u>300</u> <input checked="" type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Hepatitis B:	3 doses • Dose #1 • Dose #2: 1 month after Dose #1 • Dose #3: 5 months after Dose #2 Dose #1 Date: <u>7</u> . <u>2</u> . <u>13</u> Day Month Year Dose #2 Date: <u>1</u> . <u>3</u> . <u>13</u> Day Month Year Dose #3 Date: <u>2</u> . <u>8</u> . <u>13</u> Day Month Year	&	Three hepatitis B vaccinations, HBsAb titer report above 10mIU/ml, requirement complete. Date: <u>20</u> . <u>5</u> . <u>2021</u> Day Month Year Result: <u>1,000</u> <input checked="" type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Tuberculosis:	PPD (Mantoux) • Within 1 year of the program. • An induration ≥ 10mm requires an x-ray report Date: <u>20</u> . <u>5</u> . <u>2021</u> Day Month Year Result: <u>3</u> mm induration or IGRA Blood Test • Within 1 year of the program. • A positive result requires a x-ray report Date: _____ . _____ . _____ Day Month Year Result: <input type="checkbox"/> = Positive <input type="checkbox"/> = Negative	or	PPD below 10mm, IGRA blood test and x-ray not necessary, requirement complete. Date: _____ . _____ . _____ Day Month Year Tuberculosis <input type="checkbox"/> = Other comments attached
Influenza:	Vaccine • Required if attending Juntendo University Hospital between: October 1 - April 30 Vaccine Date: <u>30</u> . <u>10</u> . <u>2021</u> Day Month Year		Program start date between October 1 - April 30, influenza vaccination necessary, requirement complete.

Healthcare Provider:

Name: Healthcare Provider Name, MD

Signature: Healthcare Provider Signature

Date: Day Month Year

Address: Number, Street, City, Zip code, Country

Phone: 000 - 000 - 000

Organizational Stamp:

Healthcare Provider Official Stamp

Healthcare provider signature and stamp, immunization requirements complete.

Juntendo University Hospital Immunization Requirements

Name: _____

Date of Birth: _____

Measles:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ <small>Day Month Year</small> Dose #2 Date: _____ <small>Day Month Year</small>	or	Titer report, only if proof of vaccination not available • Above 800 mIU/ml or 16.0 EIA Date: _____ <small>Day Month Year</small> Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Mumps:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ <small>Day Month Year</small> Dose #2 Date: _____ <small>Day Month Year</small>	or	Titer report, only if proof of vaccination not available • Above 200 mIU/ml or 4.0 EIA Date: _____ <small>Day Month Year</small> Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Rubella:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ <small>Day Month Year</small> Dose #2 Date: _____ <small>Day Month Year</small>	or	Titer report, only if proof of vaccination not available • Above 400 mIU/ml or 8.0 EIA Date: _____ <small>Day Month Year</small> Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Varicella:	2 doses after first birthday • Dose #1 & 2 must be 30 days apart Dose #1 Date: _____ <small>Day Month Year</small> Dose #2 Date: _____ <small>Day Month Year</small>	or	Titer report, only if proof of vaccination not available • Above 200 mIU/ml or 4.0 EIA Date: _____ <small>Day Month Year</small> Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Hepatitis B:	3 doses • Dose #1 • Dose #2: 1 month after Dose #1 • Dose #3: 5 months after Dose #2 Dose #1 Date: _____ <small>Day Month Year</small> Dose #2 Date: _____ <small>Day Month Year</small> Dose #3 Date: _____ <small>Day Month Year</small>	&	HBsAb Titer Report • Above 10 mIU/ml or 0.2 EIA Date: _____ <small>Day Month Year</small> Result: _____ <input type="checkbox"/> = mIU/ml <input type="checkbox"/> = EIA
Tuberculosis:	PPD (Mantoux) • Within 1 year of the program. • An induration \geq 10mm requires an x-ray report Date: _____ <small>Day Month Year</small> Result: _____ mm induration or IGRA Blood Test • Within 1 year of the program. • A positive result requires a x-ray report Date: _____ <small>Day Month Year</small> Result: <input type="checkbox"/> = Positive <input type="checkbox"/> = Negative	or	X-Ray Report • Within 1 year of the program. Date: _____ <small>Day Month Year</small> Result: <input type="checkbox"/> = No Signs of Tuberculosis <input type="checkbox"/> = Other comments attached
Influenza:	Vaccine • Required if attending Juntendo University Hospital between: October 1 - April 30 Vaccine Date: _____ <small>Day Month Year</small>		

Healthcare Provider:

Organizational Stamp:

Name: _____

Signature: _____

Date: _____

Address: _____

Phone: _____