**Immunization and Infection Disease History**

1. This is a survey regarding the immunization of students against infectious diseases.
2. Please complete the following as precisely as possible, referring to your health records or consulting your parental guardians as necessary. Full in year vaccinated in four-digit format. (e.g. 1995)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vaccine | Number of doses | First Dose | Second Dose | Third Dose | Fourth Dose |
| DPT (Diphtheria, Pertussis, Tetanus) |  |  M Y |  M Y |  M Y |  M Y |
| DT (Diphtheria Tetanus) |  |  M Y |  M Y |  M Y |  M Y |
| BCG |  |  M Y |  M Y |  M Y |  M Y |
| Polio |  |  M Y |  M Y |  M Y |  M Y |
| MR (Measles-Rubella) |  |  M Y |  M Y |  M Y |  M Y |
| MMR (Measles, Mumps, Rubella) |  |  M Y |  M Y |  M Y |  M Y |
| Measles (If vaccinated separately) |  |  |  |  |  |
| Japanese Encephalitis |  |  M Y |  M Y |  M Y |  M Y |
| Varicella |  |  M Y |  M Y |  M Y |  M Y |
| Mumps (If vaccinated separately) |  |  M Y |  M Y |  M Y |  M Y |
| Hepatitis B |  |  M Y |  M Y |  M Y |  M Y |
| Hepatitis A |  |  M Y |  M Y |  M Y |  M Y |

|  |  |  |
| --- | --- | --- |
|  | Condition | At what age? |
| Measles | No 　　 ・　　　　　Yes ・　 I don’t know |  |
| Rubella | No 　　 ・　　　　　Yes ・　 I don’t know |  |
| Epidemic parotitis | No 　　 ・　　　　　Yes ・　 I don’t know |  |
| Varicella (Chickenpox) | No 　　 ・　　　　　Yes ・　 I don’t know |  |

※ Vaccinations in BLUE are REQUIRED in Japan. Make sure you have all these vaccinations before your admission.

※　Vaccinations in pink are optional in Japan. Talk to your doctor if you have any concerns.

※　For measles, mumps, and rubella, which vaccines were given separately, please provide separate dates. For combined vaccines (MR or MMR), please provide the date of the combined vaccination and leave the others blank.

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Gender |
|  | DD／MM／YYYY | M　・　F |

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