

Immunization and Infection Disease History

- This is a survey regarding the immunization of students against infectious diseases.
- 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
Measles (If vaccinated separately)		M	Y	M	Y	M	Y	M	Y
MMR (Measles, Mumps, Rubella)		M	Y	M	Y	M	Y	M	Y
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 (B immugen)		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 (Chicken pox)	No	•	Yes	•	I don't know

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

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

※ International students must complete all required vaccinations, except for Hepatitis A and B, before arrival in Japan.

※ For measles, mumps, and rubella, vaccines 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
	YYYY/MM/DD/	M • F