NATIONAL UNIVERSITY CORPORATION
Gunma University

Date. ___/___/___ (dd/mm/yyyy)

Immunization Certificate

Name _____ Date of Birth ___/___/_____

Occupation _____

Responsible department to observe: _____

Duration: ___/___/___ ~ ___/___/_____

Measles Immunization dates #1 ___/___/_____ #2 ___/___/_____

or Disease date ___/___/_____ It must be attached with the copy of positive titer

Rubella Immunization dates #1 ___/___/_____ #2 ___/___/_____

or Disease date ___/___/_____ It must be attached with the copy of positive titer

Mumps Positive titer date ___/___/_____

Result ☐Immune ☐Not Immune (Immunization dates ___/___/_____)

Varicella Positive titer date ___/___/_____

Result ☐Immune ☐Not Immune (Immunization dates ___/___/_____)

Hepatitis B Positive titer date ___/___/_____

Result ☐Immune ☐Not Immune

(Immunization dates #1 ___/___/_____ #2 ___/___/_____ #3 ___/___/_____)

Tuberculosis screen (QunatiFERON-TB Gold test or T-SPOT) Titer date ___/___/_____

Result ☐Positive ☐Intermediate ☐Negative

If the result is positive, chest X-ray is needed to confirm that there is no active tuberculosis lesion.

Health care provider (printed name/degree) _____

Signature _____

Institution _____

Address: _____ Country: _____

Phone number: _____ E-mail: _____