



Immunization Record

Faculty and staff/Student ID number	(Student) Undergraduate Faculty/Graduate School & Year (Faculty/Staff) Affiliation	Name

Measles, Mumps, Rubella, Varicella (MMRV): Please fill out section (1) or (2) for each disease.

(1) History of viral vaccination (2 Inoculations)

Date of Vaccination	Measles	Mumps	Rubella	Varicella
① (YYYY-MM-DD)				
② (YYYY-MM-DD)				

(2) Antibody Test Results and Related Immunization History

	Measles	Mumps	Rubella	Varicella
Date of Testing (YYYY-MM-DD)				
Method (circle method)	IgG(EIA) / NT	IgG(EIA)	IgG(EIA) / HI	IgG(EIA) / IAHA
Measurement values				
Result (circle result)	Negative / Positive / Strongly Positive	Negative / Positive / Strongly Positive	Negative / Positive / Strongly Positive	Negative / Positive / Strongly Positive
Date of Vaccination ① (YYYY-MM-DD)				
Date of Vaccination ② (YYYY-MM-DD)				

Hepatitis B: Are you engaged in work or research that may involve exposure to bodily fluids, such as the handling of instruments or medical waste contaminated with body fluids, treatments involving contact with body fluids, blood sampling, testing, or specimen handling? (Also including those who plan to engage)

Yes → Please fill in the (1)(2) section below.

No → You do not need to fill in the section regarding Hepatitis B below.

(1) 3-dose primary vaccination series

	①	②	③	If unknown:
Date of Vaccination (YYYY-MM-DD)				(approx. year)

(2) Antibody test result when hepatitis B antibody titer is 10mIU/ml

Date of Testing (YYYY-MM-DD)	Method (circle method)	Measurement values
	CLEIA / CLIA	mIU/ml

(※) If the hepatitis B antibody titer is less than 10 mIU/ml, the applicant may have insufficient immunity to hepatitis B.

The applicant must consult a medical institution regarding additional booster doses and submit this certificate after consultation. If the HBs antibody titer of the applicant is less than 10mIU/ml even after receiving booster doses (vaccine non-responders), or if you are pregnant or cannot receive the vaccination due to allergies, etc., please indicate so in the notes section.

Notes:

I certify that the above information is accurate to the best of my knowledge.	
Date:	Name of Health Care Provider / Address;
	Physician Name;

Instructions for Immunization Record

For the Applicant:

- This Immunization Record (original) is an important certificate that will serve as proof of immunization and will be required when a hospital-acquired infection occurs or you enroll in a school, study abroad, or apply for a job. Please keep the original together with your Maternal and Child Health Handbook, antibody test results, and proof of vaccination certificates.
- The hospital will ask you to submit a PDF copy of the certificate and will not be responsible if the original is lost. We also recommend that you keep a PDF copy of each submission for your records.
- This certificate cannot be submitted unless your immunity to both MMRV and hepatitis B meets the employment standards of our hospital. If you do not meet these employment standards, please work to meet them as soon as possible.
- If you have never had a positive HBs antibody test result (10 mIU/mL or more) after receiving your primary vaccination series or booster doses, please consult your doctor as soon as possible regarding additional booster doses. If your HBs antibody titer is less than 10 mIU/ml even after receiving booster doses (vaccine non-responders), or if you are pregnant or cannot receive the vaccination due to allergies, etc., please indicate so in the notes section.
- For those already working at Shinanomachi Campus, vaccinations can be scheduled at the outpatient clinics listed below (subject to eligibility).

① Clinic for Infectious Diseases (Reservation required, open 8 times a month, Tuesdays and Fridays (11:30-12:00))

<http://www.hosp.keio.ac.jp/annai/shinryo/infect/gairaihyo/> (Japanese)

Eligible is not limited. Ext. 62081 (Weekdays 14:00-16:30)

② Outpatient Vaccinations at the Health Center (Reservation required, open 1-2 times a month, June-August and November-March)

<http://www.hcc.keio.ac.jp/en/clinic/vaccinations.html>

Eligible: Members of the Keio Gijuku Health Insurance Association (Keio kenpo) at Shinanomachi Campus (including basic science fields and temporary workers), Part-time instructors (Postgraduate Training course/ education [丙] / child-rearing support / bedside learning [丙] / Research Associate (Non-tenured)), Students at Shinanomachi Campus.

Appointments can be made at the Health Center counter on the second floor of Building 2 Tel: 03-5363-3634 (Weekdays 8:30-17:00)

For the Health Care Provider:

Before creating this certificate, please refer to the applicant's Maternal and Child Health Handbook, antibody test results, and vaccination certificates, and confirm that the applicant meet the employment standards of our hospital.

[Keio University Hospital Employment Standards]

<MMRV> Applicant must meet one of the following conditions ①-③ for each MMRV disease:

- ① Proof of two previous vaccinations
- ② Proof of previous positive antibody test results (any year) and proof of a subsequent vaccination
- ③ Proof of previous strongly positive antibody test results (any year)

《Only required for those engaged in work or research that may involve exposure to bodily fluids, such as the handling of instruments or medical waste contaminated with body fluids, treatments involving contact with body fluids, blood sampling, testing, or specimen handling.》

<Hepatitis B> Applicants must meet the following condition:

The applicant has already received a hepatitis B primary vaccination series and has confirmed an antibody titer of ≥ 10 mIU/ml (CLEIA/CLIA) considered a reliable marker of protection against infection.

※Consult the table below for definitions of negative, positive, and strongly positive MMRV results.

※Antibody testing is valid for the following methods only:

Measles: IgG-antibody titer determined by enzyme-immunoassay (EIA) or neutralizing antibody titer (NT)

Mumps: IgG-antibody titer determined by enzyme-immunoassay (EIA)

Rubella: IgG-antibody titer determined by enzyme-immunoassay (EIA) or hemagglutination inhibition (HI) antibody titer

Varicella: IgG-antibody titer determined by enzyme-immunoassay (EIA) or immune adherence hemagglutination (IAHA) titer

Disease \ Antibody titer	Negative		Positive		Strongly Positive	
	EIA	Other	EIA	Other	EIA	Other
Measles	below 2.0	NT of less than 4	2.0-15.9	NT of 4	16.0 or higher	NT of 8 or higher
Mumps	below 2.0	—	2.0-3.9	—	4.0 or higher	—
Rubella	below 2.0	HI titer of less than 8	2.0-7.9	HI titer of 8-16	8.0 or higher	HI titer of 32 or higher
Varicella	below 2.0	IAHA titer of less than 2	2.0-3.9	IAHA titer of 2	4.0 or higher	IAHA titer of 4 or higher
Vaccination series	2 doses of vaccine following examination		1 dose of vaccine following examination		Vaccination not required	

For inquiries about this form: Keio University Health Center, Shinanomachi branch Tel: 03-5363-3634