Tokyo Institute of Technology **Health Certificate（Part Ⅱ）**

Name _____ Last Name _____

Date of Admission* ____/____/____ Date of Birth ____/____/____

*If your arrival in Japan is later than the date of admission, write the date you plan to enter the country.

Part Ⅱ. Student Immunization History Form (to be completed by physician)

Immunization history for 1.MMR or ALL of a, b, c must be completed, in addition to 2 and 3.

For medical exemptions, please submit a letter signed by a physician stating the medical condition that contraindicates vaccines.

1. M.M.R(Measles, Mumps, Rubella) If given instead of individual immunization	
Dose 1 ____/____/____ MM DD YY	Dose 2 ____/____/____ MM DD YY
a. MEASLES(RUBEOLA)	
Dose 1 ____/____/____ MM DD YY	☐ Physician-diagnosed of history of disease ____/____/____ MM DD YY
Dose 2 ____/____/____ MM DD YY	☐ Has report of positive (reactive) immune titer **MUST SUBMIT A COPY OF LAB REPORT** ____/____/____ MM DD YY
b. MUMPS	
Dose 1 ____/____/____ MM DD YY	☐ Physician-diagnosed of history of disease ____/____/____ MM DD YY
Dose 2 ____/____/____ MM DD YY	☐ Has report of positive (reactive) immune titer **MUST SUBMIT A COPY OF LAB REPORT** ____/____/____ MM DD YY
c. RUBELLA	
Dose 1 ____/____/____ MM DD YY	☐ Physician-diagnosed of history of disease ____/____/____ MM DD YY
Dose 2 ____/____/____ MM DD YY	☐ Has report of positive (reactive) immune titer **MUST SUBMIT A COPY OF LAB REPORT** ____/____/____ MM DD YY
2. VARICELLA(CHIKEN POX)	
Dose 1 ____/____/____ MM DD YY	☐ Physician-diagnosed of history of disease ____/____/____ MM DD YY
Dose 2 ____/____/____ MM DD YY	☐ Has report of positive (reactive) immune titer **MUST SUBMIT A COPY OF LAB REPORT** ____/____/____ MM DD YY
3. TETANUS	
Last booster (after age 11) ____/____/____ MM DD YY	

I certify that the above information is an accurate record of this student's immunization history.

NAME of Physician -Print Name_____ Signature_____

Address_____ Email _____

Date :_____.____.2020