

Immunization Form for PhD Students

	Name of Vaccine			Routine Vaccination in Japan	Your record						
					1st Dose (yyyy/mm/dd)	2nd Dose (yyyy/mm/dd)	3rd Dose (yyyy/mm/dd)	4th Dose (yyyy/mm/dd)	Most Recent Booster (yyyy/mm/dd)	Unknown (Please circle unknown if you do not have record)	
OIST's Recommended Vaccination	BCG			●	/ /	/ /	/ /	/ /	/ /	Unknown	
	Mumps 耳下腺炎		Could be administered as MMR	Could be administered as MR	/ /	/ /	/ /	/ /	/ /	Unknown	
	Measles 麻疹				●	/ /	/ /	/ /	/ /	Unknown	
	Rubella 風疹				●	/ /	/ /	/ /	/ /	Unknown	
	Japanese Encephalitis 日本脳炎			●	/ /	/ /	/ /	/ /	/ /	Unknown	
	Diphtheria ジフテリア		Could be administered as DPT-IPV/OPV	Could be administered as T-dap	Could be administered as DT	●	/ /	/ /	/ /	/ /	Unknown
	Tetanus 破傷風トキソイド					●	/ /	/ /	/ /	/ /	Unknown
	Pertussis 百日咳					●	/ /	/ /	/ /	/ /	Unknown
	Polio ポリオ (IPV: Inactivated or OPV:Oral)					●	/ /	/ /	/ /	/ /	Unknown
	Streptococcus pneumoniae(13-valent conjugate) 肺炎球菌(13価結合型)			●	/ /	/ /	/ /	/ /	/ /	Unknown	
	Meningococcus(4-valent conjugate) 髄膜炎菌 (4価結合体)				/ /			/ /	Unknown		
	Hepatitis B B型肝炎			●	/ /	/ /	/ /	/ /	Unknown		
	Chicken Pox (Varicella) 水痘			●	/ /	/ /	/ /	/ /	Unknown		
	Hib インフルエンザ菌b型			●	/ /	/ /	/ /	/ /	Unknown		
Others	Yellow Fever 黄熱病				/ /	/ /	/ /	/ /			
	Hepatitis A A型肝炎				/ /	/ /	/ /	/ /			
	Rabies 狂犬病				/ /	/ /	/ /	/ /			
	Typhoid チフス				/ /			/ /			
	Others ()				/ /			/ /			
	Others ()				/ /			/ /			

Note

Name _____

ID No. _____

Date of Birth / /

Contact: OIST Health Center (health@oist.jp)