Result of Antibody Test and Chest X-ray

Name of student: _____

Date of birth (y/m/d): _____

Vaccination record and antibody test result

Measles, Rubella, Varicella, and Mumps

	Date of 1st/2nd vaccination	Date of antibody titer test *1	Test result *2	Date of 1st/2nd vaccination for whose with equiv or neg test result
Measles			Positive Equivocal Negative	
Rubella			Positive Equivocal Negative	
Varicella (Chicken Pox)			Positive Equivocal Negative	
Mumps			Positive Equivocal Negative	

*1 When the student has not had 2 doses of vaccine, the student should take antibody titer test.

*2 Equivocal → The student should get 1 dose of vaccine.

Negative → The student should get 2 doses of vaccine.

Hepatitis B

	Date of 1st/2nd/3rd vaccination *3	Date of antibody titer test	Test result	Date of vaccination *4
Hepatitis B			HBs titer≧10 HBs titer＜10	

*3 The student should have had 3 doses of vaccine with HBs titer ≧ 10. (Antibody titer is preferably measured within one month after the vaccination.)

*4 The student has had 3 doses of vaccine and antibody titer is unknown. → The student should get 1 dose of vaccine.

The student has had 3 doses of vaccine and HBs titer <10. → The student does no need to get additional vaccination.

Chest X-ray (to be taken within one year)

Test date	Test result
	Normal Abnormal

I certify that the immunization information on this form is correct.

Medical professional name: _____

Medical professional signature: _____

Institution name: _____