



Chiba University School of Medicine

MANDATORY MEDICAL STUDENT MEDICAL AND IMMUNIZATION DOCUMENTATION FORM

Name: _____
Last (Family) Name First

Address: _____
House Number Street City State/Province Zip/Postal Code Country

Telephone #: _____ E-Mail: _____ @ _____

Emergency Contact: _____
Name Relationship Telephone #

CHIBA UNIVERSITY SCHOOL OF MEDICINE ADMISSIONS REQUIREMENTS
 Chiba University School of Medicine register places holds for lack of compliance of these requirements

	History Have you had-	Vaccination MO/DAY/YR	Documented Immunity Titer MO/DAY/YR	
Rubella (German Measles)	Yes No	Yes No _____	_____	Attach copy of lab report
Rubeola (Measles)	Yes No	Yes No _____	_____	Attach copy of lab report
Mumps	Yes No	Yes No _____	_____	Attach copy of lab report
Varicella / Zoster	Yes No	Yes No _____	_____	Attach copy of lab report
*Hepatitis C	Yes No	/		Attach copy of lab report
*Hepatitis B	Yes No	Yes No First _____ Second _____ Third _____	HB Surface Antigen _____ HB Surface Antibody _____	Attach copy of lab report
Tuberculosis	Yes No	BCG MO/DAY/YR Yes No _____	PPD(2 step Tuberculin Skin Test) Induration MO/DAY/YR Step 1 mm _____ Step 2 mm _____	
Influenza		Yes No _____	Current vaccination is required for Winter-Spring course taker	

* required for students who apply for clinical courses.

Chest X-ray MO/DAY/YR (Within 1 year) _____ Result _____
 Positive Negative Attach copy of Chest X-ray report

CERTIFICATION by Medical Doctor (In US, RN and DO's Signature is acceptable)

Name of Health Care Provider Filling our Form

_____ RN, MD, DO

Institution or Clinic

Name _____

Address _____ City _____ State _____ County _____

Phone _____ Fax _____

I certify that the information herein is complete and correct to the best of my knowledge.

Signature _____ Date _____

Send ORIGINAL FORM (with attached documentation) to: Student Affairs, School of Medicine Chiba University
 1-8-1 Inohana, Chuo-ku Chiba 260-8670 Japan