

Form for submitting Measles and Rubella certificates

Print out in A4.

Copy the documents to be attached in A4 and glue the top edge of the front of each copy to the reverse of this form (see the next page for an example)

Name	Faculty Graduate School	Department	Gender	Male · Female			
			Student ID				
E-mail			Age				
TEL			Date of Birth	/ /			
Affiliation				year month day			

Please fill out this form yourself (It is not necessary to have it filled out by a medical institution.).

Please attach a copy of the relevant page of your Mother and Child Handbook, vaccination records, test results, etc. as proof.

If submitting a certificate, please attach a copy and keep the original handy.

Vaccination record

※Please fill in the vaccinations you have received after the age of 1.

	First Vaccination	○ please circle	Second Vaccination	○ please circle
Measles	Western calendar / / year month day	Measles alone MR MMR others	Western calendar / / year month day	Measles alone MR MMR others
Rubella	Western calendar / / year month day	Rubella alone MR MMR others	Western calendar / / year month day	Rubella alone MR MMR others

Comments (If you have received a measles/rubella vaccine 3 times or more, please write the details in the space below.)

【The documents in either 1 or 2 below are required】

① Documents certifying that you have been vaccinated twice against both measles and rubella after the age of 1 (recommended)

② Documents certifying that you have been vaccinated against measles and rubella once within the last 5 years

※Even if you meet the requirements in ②, please write in the table above if you have been vaccinated against measles / rubella twice and attach the certificate(s).

※Those in the Faculty of Medicine (Department of Medicine, Department of Health), Graduate School of Medicine and Graduate School of Health Sciences must meet the requirements in ①.

Antibody titer test results (blood sampling)

Only if the above vaccination history requirements are not met

Documents are required to certify that the results of measles and rubella antibody tests taken within the last five years show that you have "sufficient levels of antibodies in your blood to prevent the onset of measles and rubella" (see below).

If your vaccination record meets the requirements, you do not need to take the antibody tests.

Vaccination is required if your antibody test results are below the standard value.

The validity period for the antibody test is within 5 years from the first day of the admission year.

Attach a copy of the test result or certificate that contains the: ①Sampling date ②Measured antibody titer ③Reference value for the measurement method

	Sampling date	○ circle the measurement method	Measured antibody titer	General standards	Medical standards
Measles	Western calendar / / year month day	Ig-G EIA * # PA NT		more than 8.0 more than 256 times more than 4 times	more than 16.0 more than 256 times more than 8 times
Rubella	Western calendar / / year month day	HI * Ig-G EIA#		more than 32 times more than 8.0	more than 32 times more than 8.0

* IgG-EIA is recommended for measles, and the HI method is recommended for rubella. (The measles HI method cannot be accepted.)

The IgG-EIA standard value is the same as the standard value for the Denka Seiken kit, which is currently widely used in Japan. The standards for antibody tests conducted by other companies vary, so please check with the administering medical institution. If the test is conducted by another company, we recommend that you choose a different measurement method.

If your antibody test results are too low but you are unable to be vaccinated due to your physical constitution or other reasons, please fill in the following.

If you have a certificate, please attach a copy.

Reason :

Submission sample

麻疹・風しん 証明書類 添付用紙

フリガナ 氏名 Masa	性別 男・女	申請番号(4桁)ID (必ず記入)
E-mail : TEL :	年齢	生年月日 西暦
所属 学部 研究科	学科 専攻	年 月 日 year month day

この欄は各自で記入してください。(医療機関で書いていただく必要はありません。)
 証が印を証明する。母子手帳の該当ページや接種記録、接種履歴等の**コピーを裏面に貼り付け**してください。
 印刷済みの場合、**コピー**をのり付けし、票紙は事實に照準するようにしてください。

予防接種履歴 Vaccination record

	予防接種 1回目 first			接種に口			予防接種 2回目 second			接種に口		
	西暦(Christian Era)	年	月 日	麻疹	風しん	MMR	西暦(Christian Era)	年	月 日	麻疹	風しん	MMR
麻疹 (はしか) Measles	year	month	day	MR	MMR	その他	year	month	day	MR	MMR	その他
風しん (三日ばしか) Rubella	西暦(Christian Era)	年	月 日	麻疹	MMR	その他	西暦(Christian Era)	年	月 日	麻疹	MMR	その他

※1歳以上の接種について記入してください。
 備考欄 (3歳以上の場合、上記に加えて書いてください)

【予防接種票が必要な条件は以下のとおりです。】
 ① 麻疹と風しんに対する
 ② 読者の年以内は麻疹と風しん
 ※ 医学部 (医学科、保健学)

抗体検査 Blood sam
上記の予防接種履歴
 過去5年以内に受け入れた麻疹
 有していること)を証明する等
 抗体検査で全性未満と判定
 抗体検査の結果が未満と判定
 抗体検査の件数数は入学年
 ①検査日 ②抗体検査日

麻疹 (はしか) Measles	年	月	日
風しん (三日ばしか) Rubella	年	月	日

* 麻疹では100%
 # 抗体検査の結果が未満と判定
 検査方法は基準値が

Complete all sections

Align the copied documents with the form, then carefully glue the top 2cm of the front of each copied document to the back of the form.

Read the instructions carefully, fill in all applicable sections, and make copies of certificates etc. that contain the information filled out in this form.

Mother and child notebook copy, etc.
 Make A4 sized copies and place them underneath this form with the corners aligned