



Welcome to the Immunization Guide!



Introduction

- In order to shadow doctors in American hospitals, you need current immunizations. ***You may not be able to shadow without current immunizations.***
- **Please carefully read through the step-by-step instructions in this guide.**
- If you have any questions, **first check out the Frequently Asked Questions slide (slide #19).**
- If you have additional questions, email Lina Yamashita, Medical Programs Director, at lina@viaprograms.org.



Step-by-Step Instructions



Step 1. Gather proof of vaccinations for the following diseases.

Disease Name	Proof of Vaccination
Varicella (chicken pox)	2 vaccines
Flu	1 vaccine (received in the last ~4 months). If you haven't been vaccinated yet, please do so because it's still flu season now.
Measles, Mumps, Rubella (MMR)	2 MMR or MR vaccines
Diphtheria, Pertussis, Tetanus (DPT)	1 DPT or TDAP vaccine
Hepatitis B	3 vaccines (over a ~6-month period)

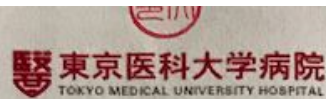


Step 1 Notes

- *Date and name of each vaccine must be stated in English.*
- *All documents must be **valid, official medical records** with your school's seal or doctor's seal.*
- *A personal vaccination record **does not count as proof** unless the hospital has an official, written record.*
- *See next slide for examples of acceptable proof of vaccinations.*



Step 1. Example of Acceptable Proof of Vaccination



Tokyo Medical University Hospital
6-7-1 Nishi Shinjuku, Shinjuku-ku, Tokyo 160-0023, Japan
Tel: +81-3-5339-3726 Fax: +81-3-3347-5561

06/ 29/ 2017

Health Certificate

Type and Date of Vaccination

Type	Dose	Date of Vaccination (month/ day/ year)	Remarks
Varicella	1st	08/ 20/ 1998	
Measles	1st	07/ 24/ 1996	
	2nd	10/ 16/ 2012	MR
Mumps	1st	03/ 26/ 1998	
	2nd	05/ 19/ 2015	
Rubella	1st	05/ 16/ 1997	
	2nd	10/ 16/ 2012	MR
DTaP / DT	1st	11/ 28/ 1995	DTaP
	2nd	12/ 22/ 1995	DTaP
	3rd	02/ 21/ 1997	DTaP
	4th	11/ 14/ 2001	DTaP
	5th	10/ 11/ 2006	DT
Tdap	1st	06/ 16/ 2017	<i>Boostrix®</i>
Hepatitis B	1st	11/ 18/ 2016	
	2nd	12/ 15/ 2016	
	3rd	04/ 26/ 2017	

* In this example, the flu vaccine is missing but this is because this student participated in the summer, which is not flu season.



Step 2a. If you do NOT have proof of vaccination for varicella, measles, mumps, rubella, diphtheria, pertussis, tetanus, and/or hepatitis B, **have the hospital perform titers for these diseases.**

If you have proof of vaccination for all diseases, skip to step 3 on slide #10.

- Titers (number values) will tell if you have full/total immunity, partial immunity, or no immunity for the diseases.
- The document must **explain what each number indicates - full/total, partial, or no immunity.**
- See next slide for a few examples of titers.



Step 2a. Examples of Acceptable Titers

Anti-Virus antibody titers (examined on Jan.13,2017),

Example 1.

Measles(EIA)	:	57.0	(+)	total immunity
Rubella (HI)	:	64	(+)	total immunity
Mumps (EIA)	:	5.5	(+)	total immunity
Varicella(EIA)	:	8.9	(+)	total immunity

* Notice that in all 3 examples, each number value states whether it indicates full/total immunity or partial immunity.

Example 2.

検査種別		感染症検査	
受付日			
受付番号		999	
	検査項目	結果	前
mumps	ムンプスウイルスIgG	H 11.6	
Measles	麻疹ウイルスIgG-EIA	H 15.1 partial immunity	
Rubella	風疹ウイルスIgG-EIA	H 23.1 total immunity	

* Notice that in Examples 2 and 3, the diseases have been translated into English.

Example 3.

抗体検査	小児感染症	麻疹	2014年4月25日検査	IgG (EIA 価) : 16.4(+)	full immunity	
		水痘	2014年4月25日検査	IgG (EIA 価) : 8.6(+)	full immunity	
		風疹	2014年4月25日検査	(HI) : 64	full immunity	
		ムンプス	2014年4月25日検査	IgG (EIA 価) : 8.2(+)	full immunity	
B型肝炎	検査日	2017年5月13日	γ-GT	15 IU/L		
		HBs 抗原	0.05 未満 (IU/ml)	判定: 阴性 negative	AST	25 IU/L
		HBs 抗体	45.2 (mIU/ml)	判定: 阳性 positive	ALT	16 IU/L



Step 2b. Read this slide if *at least one of your titer results is partial or no immunity*. If **ALL of your titer results indicate full/total immunity, skip to step 3 (slide #10).**

Disease Name	Partial Immunity	No Immunity
Varicella (chicken pox)	Get 1 vaccine	Get 2 vaccines spaced at least 30 days apart
Measles, Mumps, Rubella (MMR)	Get 1 single booster shot of MMR or MR vaccine	Get 2 MMR or MR vaccines spaced at least 30 days apart
Diphtheria, Pertussis, Tetanus (DPT)	Get 1 single DPT or TDAP vaccine	Get 1 single DPT or TDAP vaccine
Hepatitis B	You may need a signed Declination Form if required by the hospital you are shadowing	You may need a signed Declination Form if required by the hospital you are shadowing



Step 3. Take either the QFT test or T-spot (PPD) skin test for tuberculosis.

- The result of either test will be **positive** or **negative**.
- If your result is negative, it will fulfill your requirement. See slide #11 for examples of acceptable documentation.
- If your result is positive, see slide #12.
- If you are not able to receive either test, see slide # 13.



Step 3. Examples of acceptable tuberculosis test results

Example 1.

The QFT for tuberculosis Date of Test: 06/ 16/ 2017
Result: Negative

Example 2.

T SPOT TB

Date 6/14/2017
Result negative

Example 3.

TB	結核菌特異的インターフェロン γ 産生能 QFT test	int1 negative
	ハネルA (ESAT-6)	0
	ハネルB (CFP10)	0

- Notice that for Example 3, there are English translations.



Read this slide if your result is positive for the QFT test or PPD skin test. If you are not able to receive either test, go to slide # 13. If your result is negative, skip to step 4 on slide #15.

- *Your result may be positive if you have received the BCG vaccine* for tuberculosis.
 - If so, you will need to **get a chest X-ray** to show you do not have tuberculosis. The X-ray report must **indicate in writing** that you do not have tuberculosis.
 - If possible, get the X-ray report **signed by a radiologist**.
 - See slide # 14 for acceptable examples.
- *If your result is positive and you have not received the BCG vaccine, consult with your doctor and contact Lina.*



Read this slide if you are not able to receive the QFT test or PPD skin test. Otherwise, skip to slide #15.

- You will need to **get a chest X-ray** to show you do not have tuberculosis.
- The X-ray report must be written and signed for in English by a radiologist. If your report is not signed for by a radiologist some hospitals will not allow you to shadow.
- It must contain the phrases “clear chest” and “no signs of tuberculosis.”



Examples of Acceptable X-Ray Reports

Example 1.

RADIOLOGIST'S REPORT	
Chest X-ray examination	
Date:	13 June 2017
Patient's name:	██████████
D.O.B.:	██████████
Results:	<p>Normal lung fields. No signs of past or present tuberculosis.</p> <p>Normal cardiac shadow. Normal hilar lymph nodes.</p> <p>Normal hemidiaphragms and costophrenic angles.</p> <p>Normal skeleton and soft tissue.</p>
Conclusion:	Clear chest.

Example 2.

胸部 X 線 Chest X-ray	Number of Xray	X 線番号	50776 No abnormality detected
	2017/05/11 May 11 2017	所見1	異常所見を認めず
	Result 所見解説1 Description		異常所見を認めず:就学・就業上の問題となる所見は認められませんでした。

Example 3.



- Notice that there are English translations (done by the student) in Examples 2 and 3.



Step 4. Collect and scan all of your documents as jpeg/pdf files.

- As you collect and scan your documents, **please check the following:**
 - All documents are **clear, legible, and professional.**
Documents may not contain body parts (e.g., fingers, arms, legs) or other objects (e.g., clothing, laptop).
 - **Date and name of each vaccine** are stated in or translated into **English.**
 - If you are submitting titers, they **state a number value** and **what the number means** (full/total immunity, partial immunity, no immunity).
 - **Your name, doctor's name, and the name of the hospital** are on **each page** and stated in or translated into **English.**



Step 5. Submit all documents to Assistant Director

- Once you have checked the list in the previous slide, submit all documents (either as one file or separate files) to Lina Yamashita, Medical Programs Director, at lina@viaprograms.org.
- See next slide for examples of acceptable documents



Examples of Acceptable Documents



OSAKA MEDICAL COLLEGE

2-7 Daigakumachi, Takatsuki, Osaka 569-8686 JAPAN Tel:072-683-1221 Fax:072-681-3723

HEALTH CERTIFICATE

Name _____ Sex M
 Date of Birth _____ Date: Jun.30,2017

Immunization Records :

Serum examinations (examined on Apr.15,2014),

HBsAg	: <0.05	IU/mL	(-) no immunity	(examined on Apr.23,2014)
HBsAb	: 172.82	mIU/ml	(+) total immunity	(examined on Jan.14,2015)
HCV	: 0.05	S/CO	(-) no immunity	(examined on Apr.23,2014)

Anti-Virus antibody titers (examined on Jan.13,2017),

Measles(EIA)	: 57.0	(+) total immunity
Rubella (HI)	: 64	(+) total immunity
Mumps (EIA)	: 5.5	(+) total immunity
Varicella(EIA)	: 8.9	(+) total immunity

Immunizations ,

Type	Date of Immunization				
	1 st	2 nd	3 rd	4 th	5 th
Tdap ¹⁾	Jun.22,2017				
Mumps	Jun.22,2017				
Hepatitis B	Jun.6,2014	Jul.3,2014	Dec.5,2014		
Influenza	Nov.10,2016				

¹⁾ Tdap: Diphtheria/Pertussis/Tetanus

T-SPOT.TB (examined on Jun.22,2017),

ESAT-6	: 1	Negative
CFP-10	: 0	

Chest X-ray (examined on Apr.5,2017),

Chest X-ray : No abnormalities

There is no indication of diseases such as tuberculosis or other pernicious contagious disease.
 I hereby certify that the above information is correct to the best of my knowledge.

Name of Physician: _____

Physician Signature: _____

Osaka Medical College
 Address:2-7, Daigakumachi Takatsuki, Osaka
 569-8686 JAPAN
 Phone:072-683-1221

Certification of Immunization

Name _____

Birthday _____

Immunization

	Dose 1 month/day/year	Dose 2 month/day/year	Dose 3 month/day/year	Dose 4 month/day/year	Dose 5 month/day/year
Measles	10/13/1997	6/2/2008	2/22/2016		
Rubella	3/7/1998	6/2/2008			
DPT or Tdap	12/24/1996 (DPT)	1/29/1997 (DPT)	2/27/1997 (DPT)	4/6/1998 (DPT)	6/19/2017 (Tdap)
Hepatitis B vaccine	2/22/2016	3/18/2016	7/8/2016		

Antibody Titer

	month/day/year	Titer
Measles	6/14/2017	15.3(EIA) positive
Rubella	10/14/2015	9.0(EIA) positive
Mumps	10/14/2015	8.4(EIA) positive
Varicella	10/14/2015	7.8(EIA) positive
Hepatitis B	6/14/2017	87.5 (CLIA) positive
Pertussis	6/14/2017	16 (PT-IgG, EIA) positive, 49 (FHA-IgG, EIA) positive

The measurement of Diphtheria and Tetanus antibody are not available in Japan.
 Therefore he was injected by Tdap vaccine on 19th June 2017.

T SPOT TB

Date 6/14/2017

Result negative

I certify that the student has official documents to prove the above records.

Date: _____ 6/23/2017

Signature: _____

Name (Print) : _____

Health Services Center
 University of Tokyo
 Hongo7-3-1, Bunkyo-ku, Tokyo, Japan

Patient ID 患者番号 [Redacted] Date of Birth 生年月日 [Redacted] 【患者さん用】
 Name of Patient 氏名 [Redacted] sex: Male For Patient
 Date of blood procurement 採取日時 2017-06-05 依頼医師 依頼医師 [Redacted] Date of Order オーダー日 2017-06-05
 結果コメント 発行責任者 [Redacted]

Varicella (Chickenpox)
 mumps
 Measles
 Rubella
 TB

検査項目	結果	前回値	単位	基準値
HBs抗原定量 (CLEIA)	-	(2014-04-14)		(-)
HBs抗原濃度 (CLEIA)	<0.005	()	IU/mL	<0.005 IU/mL
HBs抗体 (CLEIA)	- partial immunity	()		(-)
HBs抗体 (CLEIA) mIU	<1.0	()	mIU/mL	< 10.0 mIU/mL
HCV第3世代抗体判定 (EIA)	-	(2014-04-14)		(-)
HCV3抗体 (CLEIA) C.O.I	0.1	0.1 (2014-04-14)	C.O.I	< 1 C.O.I
水痘-帯状疱疹ウイルスIgG (EIA)	H 41.2 total immunity	()		2.0未満陰性

検査項目	結果	前回値	単位	基準値
ムンプスウイルスIgG	H 11.6	()	倍	2.0未満陰性
麻疹ウイルスIgG-EIA	H 15.1 partial immunity	()		2.0未満陰性
風疹ウイルスIgG-EIA	H 23.1 total immunity	()		2.0未満陰性
結核菌特異的インターフェロンγ産生能 QFT test	インテ negative	()		陰性
パネA (ESAT-6)	0	()	スポット	
パネB (CFP10)	0	()	スポット	

Example of Acceptable Document (translated into English by the student)

SIRIL 検査報告書
 Communication for Health

Kochi Medical School Hospital 高知大学 医学部 附属病院 殿
 科名 ソラソ 外来
 提出医師 先生
 病棟
 その他

Dr. [Redacted] 先生
 受付No 639484

カルテNo [Redacted] 採取日 06月05日
 材料 02 血清
 Date of blood procurement June 5th

受付日 29年06月05日
 報告日 29年06月19日

検査項目	結果	材料No	コメント	単位	基準値
# 破傷風抗体 Tetanus	0.61 total immunity	02	&K	IU/mL	0.50以上
ジフテリア抗体 Diphtheria	0.76 total immunity	02	&K	IU/mL	0.01以上

今回 報告項目です
 ご報告は 完了です



Frequently Asked Questions

Q: I asked the doctor/hospital to perform titers but was told that they're not able to. What should I do?

A: If you're not able to get titers for varicella, measles, mumps, and/or rubella, you need to provide written evidence of having received two vaccines in the past. If you do not have written evidence, you need to get vaccinated. Remember that there must be a minimum of 30 days between vaccines, so if you've never been vaccinated, **be sure to get vaccinated as soon as possible!**

If you're not able to get titers for tetanus, diphtheria, or pertussis, you need to provide written evidence of having received a single TDAP or DPT vaccine. If you do not have written evidence, you need to get vaccinated.



Frequently Asked Questions (continued)

Q: I got vaccinated for varicella (or another disease) when I was a baby/child but I don't have a formal written medical record for it. Do I still need to get vaccinated?

A: **Yes.** American hospitals will only accept written evidence, so even if you received a vaccine as a baby, if you do not have a formal written medical record from the hospital, then it doesn't count. If this applies to you, **be sure to get vaccinated as soon as possible!**