



Immunization Form for International Medical Professional Observer Program

Name: _____ Affiliation: _____

*Please review the table below. All criteria must be met to be considered to have immunity from each disease.
For Method, please circle the appropriate one.*

REQUIRED	Date of Primary Series	Date of Booster
I : Tetanus ¹⁾		
II : Pertussis		
III: Diphtheria		

IV: Measles	Antibody Date: _____ Method: (EIA / HI / NT / CF / PA) Titer : _____	OR	Date of Vaccination 1 st dose: _____ 2 nd dose: _____
V : Rubella	Antibody Date: _____ Method: (EIA / HI) Titer : _____	OR	Date of Vaccination 1 st dose: _____
VI: Mumps	Antibody Date: _____ Method: (EIA / H I / NT / CF) Titer : _____	OR	Date of Vaccination 1 st dose: _____ 2 nd dose: _____
VII: Varicella (Chicken Pox)	Antibody Date: _____ Method:(EIA / FA / CF / IAHA / Intradermal Skin Test) Titer : _____	OR	Date of Vaccination 1 st dose: _____ 2 nd dose: _____
VIII: Hepatitis B	Antibody *Required Date: _____ Method:(EIA / CLIA) Titer : _____ <i>A positive result of more than or equal to 10 mIU/ml (EIA or CLIA) is required for Hepatitis B.</i>	AND	Date of Vaccination *Required 1 st dose: _____ 2 nd dose: _____ 3 rd dose: _____
IX: Tuberculosis	TB skin test Date ²⁾ : _____ <input type="checkbox"/> Positive ³⁾ <input type="checkbox"/> Negative	OR	Interferon-Gamma Release Assays (QuantiFERON or T- SPOT) Date ²⁾ : _____ Results: _____

- 1) Tetanus: Booster dose should have been received within the last 10 years. If you have Tdap booster, please fill in the date of Tdap booster.
 2) The medical examination of TB skin test or Interferon-Gamma Release Assays must be taken within the last year.
 3) If the result is positive due to the BCG vaccine or any other causes, you must submit the report of Chest X-ray taken within the last 6 months.



Disease	Inspection Method	Criterion
Measles	EIA	≥ 4.0
	HI	$\geq 1:16$
	NT, CF	$\geq 1:8$
	PA	$\geq 1:256$
Rubella	EIA	≥ 4.0
	HI	$\geq 1:16$
Mumps	EIA	≥ 4.0
	HI	$\geq 1:16$
	NT, CF	$\geq 1:8$
Varicella	EIA	≥ 4.0
	FA	$\geq 1:20$
	CF	$\geq 1:8$
	IAHA	$\geq 1:8$
Hepatitis B	Intradermal Skin Test	Positive
	EIA	$\geq 10\text{mIU/ml}$
	CLIA	

I certify that the immunization data given above are accurate and that this immunization status is thus up-to-date.

Physician's Name (in block capitals)

Physician's Signature

Name of Clinic or Hospital

Date

Address of Clinic or Hospital