 **Certificate of Immunization**

Name (print name as it appears on your passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □MALE □FEMALE

PERIOD OF ELECTIVE PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Measles（麻疹）**

Proof of immunity to measles means two doses of live vaccine administered on or after the first birthday, separated by at least one month, or serologic evidence of immunity.

Immunization dates: #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result (copy must be attached):□Immune □ Not Immune

1. **Rubella（風疹）**

Proof of immunity will mean two doses of the rubella vaccine or serologic evidence of the diseaseImmunization date: #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result (copy must be attached):□Immune □ Not Immune

1. **Chicken Pox/Varicella（水痘）**

Proof of immunity will mean two doses of varicella or serologic evidence of immunity.

Immunization dates: #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result (copy must be attached):□Immune □ Not Immune

1. **Mumps(流行性耳下腺炎)**:

Proof of mumps immunity means two doses of mumps vaccine administered on or after the 1st birthday or serologic evidenceof immunity.

Immunization dates: #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result (copy must be attached):□Immune □ Not Immune

1. **Hepatitis B(B型肝炎):**

Immunization dates: #1\_\_\_\_/\_\_\_\_/\_\_\_\_ #2\_\_\_\_/\_\_\_\_/\_\_\_\_ #3\_\_\_\_/\_\_\_\_/\_\_\_\_

HBsAb titer date:\_\_\_\_/\_\_\_\_/\_\_\_\_

1. **Influenza Vaccination from current or most recent season (ONLY FOR November to March):**

**Date of administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Immune Not Immune **(must attach titer results)**

1. **Tuberculosis Screen IGRA blood test is required.**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result (copy must be attached):□Positive □ Negative

If IGRA is positive, a chest x-ray is required.

I certify that this immunization infromation was transferred from the above-named individual's medical records

**University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean/Name of doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print)**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**