

DAIDO CLINIC

CERTIFICATE OF PREVIOUS IMMUNIZATION AND RECORDS OF DISEASES

Date: _____

Name: _____

Date of birth: _____

Sex: _____

1) Records of Immunization

<Type of Immunization>	<Date of Vaccination>				
	1st	2nd	3rd	4th	5th
Tetanus Toxoid					
DT ¹⁾					
TOPV ²⁾					
Japanese Encephalitis					
Rabies					
Hepatitis A					
Hepatitis B					
Pneumococcal (Pneumovax NP [®] ; 23)					

¹⁾DT:Diphtheria,Tetanus、²⁾TOPV:Trivalent oral polio vaccine

2) Records of Past History and Results of Antibody Titer

<Name of Disease>	Date of Infection	<Serum Antibody Titer>		
		Method	Titer	Date
Measles				
Mumps				
Rubella				
Varicella				

This is to certify that these data come from our medical records.

She received BCG Live Vaccine in infancy.

The positive reaction (erythema)less than 30mm in Japan is significant of normal conditions.

M.D,Ph.D

Doctor's Signature: _____

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