

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
DPT Polio	DPT					
	DT					
	OPV					
	IPV (Imovax® Polio)					
BCG						
Measles Mumps Rubella	MR					
	Mumps					
Varicella						
Japanese Encephalitis						
Rota virus	(Rotarix®)					
H.influenzae type b	(actHIB®)					
Pneumococcal	(Prevenar® 7)					
Hepatitis A	(Aimmugen)					
Hepatitis B	(Bimmugen)					
Rabies	JAPAN					
Typhoid fever	(Typhim Vi)					
Meningococcal	(Menactra)					
Human papillomavirus	(Gardasil®)					
Seasonal influenza						

DPT: Diphtheria, Pertusis, Tetanus DPT-IPV: Diphtheria, Pertusis, Tetanus, Inactivated Poliomyelitis vaccine
 DT: Diphtheria, Tetanus Tdap: Tetanus, Diphtheria, acellular Pertusis OPV: Oral Polio vaccine
 IPV: Inactivated Poliomyelitis vaccine MR: Measles, Rubella MMR: Measles, Mumps, Rubella

2) The result of Tuberculin Test (Mantoux)

Date	Result		
	erythema	×	mm
	induration	×	mm

3) Records of Past History and Results of Antibody Titer

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

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

He/She received BCG Live Vaccine in infancy.

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

M.D

Doctor's Signature: _____

Daido Clinic
 8 Hikusui-cho, Minami-ku, Nagoya
 457-8511, JAPAN
 Phone: +81-52-611-8650
 FAX: +81-52-611-8651