Certification of Health and Vaccination

Date / / (YY/MM/DD)

Name Last First Middle	中国字(if applicable)	
Affiliation	Male / Female	Date of Birth / /

Visit or Training period and visiting department (YY/MM/DD)

Department:	(From / / to / /)
Department:	(From / / to / /)

Health status.

Diseases currently being treated for No / Yes (name of disease)
Past disease history No / Yes (name of disease)

Vaccination history and Antibody titer

- All candidates are required to submit the vaccination history and antibody titers against measles, rubella, varicella-zoster and mumps.
- Antibody titers should be submitted regarding to EIA or HI methods as shown above.

	Reference value (method)	Past history	Date of Vaccination (YY/MM/DD)	Antibody titer results <Units> (YY/MM/DD)
Measles	☐16 (EIA) ☐720 mIU/mL	☐	1st dose (/ /)	< > (/ /)
			2nd dose (/ /)	< > (/ /)
Rubella	☐ 8 (EIA) ☐ 32 (HI) ☐18.4 IU/mL	☐	1st dose (/ /)	< > (/ /)
			2nd dose (/ /)	< > (/ /)
Varicella Zoster	☐8 (EIA) ☐400 mIU/mL	☐	1st dose (/ /)	< > (/ /)
			2nd dose (/ /)	< > (/ /)
Mumps	☐4 (EIA) ☐Positive	☐	1st dose (/ /)	< > (/ /)
			2nd dose (/ /)	< > (/ /)

- Candidates who had received appropriate 2 doses of vaccination against these viruses of doses (after 1 year old) or match the reference antibody titers are considered having sufficient immuno-protections against these diseases in our hospital.
- Unless, candidates may be requested to receive additional vaccination prior to the visit/training.

Tuberculosis and others

Chest X-ray and IGRA (Interferon-Gamma release assay) results

Chest X-ray findings*	Within normal / Or findings)
T-SPOT or QFT : Result	

*taken within 3 months before expected arrival date

These results are precisely diagnosed:

Physicians' signature: Affiliation:

Physicians' print name: E-mail:
Last First Middle

Tel: +

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