Immunization Record

Mahidol University

Health and Immunization Record Form for Elective and Short Course Study

All visiting students/medical students/doctors who apply for an elective/short course study are required to show proof of health insurance and each of the immunizations indicated in this document.

Section I	**PERSONAL INFORMATION**

Name .....

Date of Birth ..... **Age** ..... **Sex** ☐ Male ☐ Female

Passport Country .....

Affiliated School/Medical School/University .....

.....

Category ☐ Student ☐ Resident Doctor ☐ Fellowship Doctor

☐ Trainer ☐ Researcher ☐ Other .....

Section II	**PROOF OF IMMUNIZATION** Please provide information regarding the following vaccinations and screenings, and the dates when each procedure was administered, **and** attach documents confirming each of the results you have printed upon submitting this form.

1. sMMR: Mumps, Measles and Rubella

☐ Mumps	Vaccine	Date.....	Or	Positive Serology	Date.....
☐ Rubeola (Measles)		Date.....			Date.....
☐ Rubella (German Measles)		Date.....			Date.....

2. Varicella (Chickenpox)

☐ Ab Screening date ☐ Positive IgG Ab (immuned)

☐ Negative IgG Ab: immunization on date (1) .....

date (2) .....

3. Diphtheria, Pertussis, Tetanus and Poliomyelitis

primary series booster within the last 10 years

Immunization or booster			
☐ Diphtheria	Date.....	☐ Tetanus	Date.....
☐ Pertussis	Date.....	☐ Poliomyelitis	Date.....

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Section II	**PROOF OF IMMUNIZATION (continued)** Please provide information regarding the following vaccinations and screenings, and the dates when each procedure was administered, **and** attach documents confirming each of the results you have printed upon submitting this form.

4. Hepatitis Series

Hepatitis C Virus, HCV and Hepatitis B Virus, HBV

☐ Screening date.....

☐ HBsAg.....

☐ Anti HBsAnti.....

☐ HCV.....

5. Tuberculosis Screening

Screening results must not be from a date of more than 6 months prior to submitting this form.

☐ Mantoux/PPD Test	Date.....	Result ☐ Positive ☐ Negative
☐ IGRA Test*	Date.....	Result ☐ Positive ☐ Negative
☐ Chest X-ray	Date.....	Result ☐ Positive ☐ Negative

*IGRA Test or Chest X-ray is only necessary in case of a positive Mantoux/PPD Test

6. Chest X-ray

Please attach the results document of the chest x-ray upon submitting this form.

☐ Normal Date..... ☐ Others Date.....

If ticked "Others", please provide details below

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****I HEREBY GIVE PERMISSION FOR THE FACULTY OF MEDICINE RAMATHIBODI HOSPITAL, MAHIDOL UNIVERSITY TO USE THE ABOVE INFORMATION IN ORDER TO CONSIDER MY ADMISSION FOR SHORT-TERM STUDY****

Signature..... **Date**.....

Printed Name.....

7. Certification by Physician

Only to be filled out when there are no supporting documents for Section II 1 - 6

Name..... Signature.....

Holding medical license no. ..... Date.....

Name of hospital and seal.....

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