Saitama medical university, International medical center

Hospital director

January 28th 2016

Dear Sir or Madam

**Antibody test and Vaccination**

For accepting trainees in our hospital, we kindly ask for your cooperation about our infection control.

During training, we expect that you will be exposed by virus pathogenic microorganism. Vaccination is very effective way for preventing several kinds of infection

Targets of that are Measles, Rubella, Varicella and Mumps, etc. If you are infected with those virus, not only damage your health but also may infect a lot of patients, except Hepatitis B.

If you did not get vaccine less than twice (except Hepatitis B), please take an antibody test. If you do not have sufficient antibody titer, please take vaccine. For details, please refer to attached document. Regarding Hepatitis B, we highly recommend to take vaccine in advance for your infection prevention.

If you understand our policy about infection and plan to train, please fill in an attached document “Self-report of Antibody test and vaccination” and submit it. Furthermore, for Measles, Rubella, Varicella and Mumps, if you did not get vaccine less than twice and did not take an antibody test, or if you do not have sufficient antibody titer and did not get vaccine, we may refuse your training. (If you do not have sufficient antibody titer but got vaccine twice, you do not have to get an additional vaccine.) However, if you have medical reason why you cannot get vaccine, this shall not apply. (e.g. Allergy)

We accept result of antibody test that is conducted within last 4 years from planned training date. (Notice about test method)

Moreover, we recommend to get an influenza vaccine in winter, we ask for your cooperation.

**【Self-report of Antibody test and vaccination】**

**Person of division in charge　　　印**

Dear Saitama medical university, International medical center, Hospital director,

 Date：　YYYY　　　　　/MM　　　　/DD

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| **Name：** | **Date of birth：**YYYY /MM /DD ( years old） | M ・ F |
| **Estimated training division：** | **Estimated training period：**YYYY /MM /DD 　～YYYY /MM /DD　　 |

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| **１．Vaccination record and result of antibody test（※Result of CF test cannot be accepted.**） |
| **Test item** | **Do you have Vaccination records?** ※ | **First vaccination** | **Second vaccination** | **Date of test** | **Test method** | **Antibody titer** | **Do you have sufficient antibody titer?** ※ |
| **Measles** | YesNo | 　YYYY/ MM /DD  | 　YYYY/ MM /DD  | 　YYYY/ MM /DD  | EIA |  | Yes　　No |
| PA |  | Yes　　No |
| NT |  | Yes　　No |
| **Rubella** | YesNo | 　YYYY/ MM /DD  | 　YYYY/ MM /DD  | 　YYYY/ MM /DD  | HI |  | Yes　　No |
| EIA |  | Yes　　No |
| **Varicella** | YesNo | 　YYYY/ MM /DD  | 　YYYY/ MM /DD  | 　YYYY/ MM /DD  | EIA |  | Yes　　No |
| IAHA |  | Yes　　No |
| **Mumps** | YesNo | 　YYYY/ MM /DD  | 　YYYY/ MM /DD  | 　YYYY/ MM /DD  | EIA |  | Yes　　No |
| **Do you have vaccination record of Hepatitis B?： Yes**　　　　　　　**No** （If you have never contracted）＊ |
| **＊If you have neither contracted nor been vaccinated.**※Vaccination records are confirmed with certificate of vaccination. It is regarded as “No”, if your vaccination record is unknown.※For checking “sufficient antibody titer”, see a table on next page. It is recommended to take a vaccination if you neither have contracted nor been vaccinated twice nor have sufficient antibody titer for each item (Except Hepatitis B). |

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| **2.** **Implementation of influenza vaccine　（If you train for December-March, you do not have to get influenza vaccine, but we recommend it）** |
| **Did you get a influenza vaccine?** Yes　・　No | **Date: YYYY /MM**　　　　　**/DD** |

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| **3.Antibody test method and criteria of antibody titer** |
| Test item | Test method | Criteria of sufficient antibody titer | Test item | Test method | Standards of sufficient antibody titer |
| Measles antibody | EIA | 16 or more （IgG） | Varicella antibody | EIA | Positive（4 or more, IgG） |
| PA | 256 or more |
| NT | 8 times or more | IAHA | 1:8 or more |
| Rubella antibody | HI | 32 times or more | Mumps antibody | EIA | Positive（4 or more, IgG） |
| EIA | 8 or more（IgG） | Hepatitis B antibody | HBs抗体価精密測定 |  |
| **Notice）Testing method CF cannot be accepted for Measles, Rubella, Varicella and Mumps antibody.** Every testing laboratory have a different criteria of positive for Mumps antibody. **※Please write down if you have a medical reason why you cannot get vaccine, such as allergy, etc.** 　〔　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　〕総務課受付印 |