

Take the examination from October 2018. Examinations taken prior to this date are invalid.

Admission: January, 2019

Campus: Kunitachi Chiyoda
 Undergraduate Graduate

Certificate of Health

All sections must be filled in. Where is provided, please tick off appropriate box.

1. Personal Information			
Name in English	_____		
	(Surname)	(Given Name)	(Middle Name)
Date of Birth	____ / ____ / ____	Sex	
	(month) (day) (year)		
Home Institution	Name	City	Country
Language	1st	2nd	3rd

2. Immunization Records					
Measles (Rubeola), Mumps, Rubella (German Measles) and Varicella					
*MR or MMR or MMRV or individual vaccines are acceptable					
Vaccines	Date Given or				
1 Measles (Rubeola) 2 doses OR positive titer required	Date of Does #1: ____ / ____ / ____ (month) (day) (year)	Date of Does #2: ____ / ____ / ____ (month) (day) (year)	Positive Titers ____ / ____ / ____ (month) (day) (year)		
2 Mumps 2 doses OR positive titer required	Date of Does #1: ____ / ____ / ____ (month) (day) (year)	Date of Does #2: ____ / ____ / ____ (month) (day) (year)	Positive Titers ____ / ____ / ____ (month) (day) (year)		
3 Rubella (German Measles) 2 doses OR positive titer required	Date of Does #1: ____ / ____ / ____ (month) (day) (year)	Date of Does #2: ____ / ____ / ____ (month) (day) (year)	Positive Titers ____ / ____ / ____ (month) (day) (year)		
4 Varicella 2 doses OR positive titer OR date of disease	Date of Does #1: ____ / ____ / ____ (month) (day) (year)	Date of Does #2: ____ / ____ / ____ (month) (day) (year)	Positive Titers ____ / ____ / ____ (month) (day) (year) Date of disease ____ / ____ / ____ (month) (day) (year)		
Meningococcal Disease * ONLY if available in your country. If not, leave it blank.					
Select Type	ACWY	MenA	MenC	MenA+C	MenB
	____ / ____ / ____ (m) (d) (y)	____ / ____ / ____ (m) (d) (y)	____ / ____ / ____ (m) (d) (y)	____ / ____ / ____ (m) (d) (y)	____ / ____ / ____ (m) (d) (y)

