**SHANGHAI JIAO TONG UNIVERSITY SCHOOL OF MEDICINE**

**VACCINATION FORM**

Shanghai Jiao Tong University School of Medicine highly recommends that all visiting students/staffs meet certain health clearances upon enrollment in our electives at hospital and laboratories. Applicants must be free from symptoms of infectious disease at the beginning of the program. Should you become ill with a communicable disease during enrollment, notify your assigned professor/coordinator IMMEDIATELY and remove yourself from patient care activity.

**Student/Staff Instructions:**

1. Complete box 1 ONLY by filling in your personal information.
2. Information in box 2, 3, 4 and 5 must be completed by a physician, clinic or health care facility.

**Authority Instructions:**

Complete boxes 2, 3, 4 & 5 and sign (affix official seal if available) at the bottom. **Box 1 – STUDENT/STAFF INFORMATION**

NAME DATE OF BIRTH

Last First Month/Day/Year

NAME OF SCHOOL/INSTITUTION

DATES OF ELECTIVES/RESEARCH TO

DO YOU HAVE ANY SIGNIFICANT MEDICAL CONDITIONS OR DISABILITIES THAT WOULD LIMIT PARTICIPATION IN ACADEMIC AND/OR PHYSICAL ACTIVITIES?

DRUG ALLERGY

**Box 2 – TUBERCULOSIS CLEARANCE**

A Tuberculin skin test (PPD), IGRAs (Interferon-Gamma Release Assays) OR chest x-ray done within 90 days prior to enrollment. The skin test must be read 48-72 hours after administration.

**TB (PPD-MANTOUX)** Date

Results (in mm)

**IGRAs** Date [ Positive / Negative ]

***OR***

**CHEST X-RAY** Date [ Positive / Negative ]

**Box 3 - MMR (MEASLES, MUMPS AND RUBELLA)** Complete one of the following:

* 1. MMR Vaccine date #1 #2
  2. Measles Vaccine date #1 #2

Mumps Vaccine date #1

Rubella Vaccine date #1

* 1. Antibody titer result: Measles date & result Date [ Positive / Negative ]

Mumps titer date & result Date [ Positive / Negative ]

Rubella titer date & result Date [ Positive / Negative ]

**Box 4 – HEPATITIS B AND VARICELLA**

Complete the following (for Varicella, one of 1, 2 or 3):

**VARICELLA** 1. Disease date

1. Antibody titer Date Result or [ Positive / Negative ]
2. Vaccine date #1 #2

**HEPATITIS B** Vaccine date #1 #2

#3

**Box 5 – INFLUENZA**

Influenza immunization is highly recommended if your rotation will be between December and February.

Complete the following OR attach a copy of the documentation verifying your receipt of the influenza immunization (if vaccinated).

**Influenza** Vaccine date

Signature Date

Name of Authority Official Seal

Name of Organization Department / Division

Address City State Country Zip Code