

# DAIDO CLINIC

## CERTIFICATE OF PREVIOUS IMMUNIZATION AND RECORDS OF DISEASES

Date; July 12, 2010

Name;

Date of birth;

Sex;

### 1)Records of Immunization

| <Type of Immunization>                           | <Date of Vaccination> |     |     |     |     |
|--|-----------------------|-----|-----|-----|-----|
|  | 1st                   | 2nd | 3rd | 4th | 5th |
| Tetanus Toxoid                                   |                       |     |     |     |     |
| DT <sup>1)</sup>                                 |                       |     |     |     |     |
| TOPV <sup>3)</sup>                               |                       |     |     |     |     |
| Japanese Encephalitis                            |                       |     |     |     |     |
| Rabies   |                       |     |     |     |     |
| Hepatitis A                                      |                       |     |     |     |     |
| Hepatitis B                                      |                       |     |     |     |     |
| Pneumococcal<br>(Pneumovax NP <sup>®</sup> ; 23) |                       |     |     |     |     |

<sup>1)</sup>DT:Diphtheria, Tetanus, <sup>2)</sup>TOPV:Trivalent oral polio vaccine

### 2)Records of Past History and Results of Antibody Titer

| <Name of Disease> | Date of Infection | <Serum Antibody Titer> |       |      |
|-------------------|-------------------|------------------------|-------|------|
|                   |                   | Method                 | Titer | Date |
| Measles           |                   |                        |       |      |
| Mumps             |                   |                        |       |      |
| Rubella           |                   |                        |       |      |
| Varicella         |                   |                        |       |      |

This is to certify that these data come from our medical records.

She received BCG Live Vaccine in infancy.

The positive reaction (erythema)less than 30mm in Japan is significant of normal conditions.

M.D,Ph.D

Doctor's Signature; \_\_\_\_\_

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