세브란스 SEVERANCE

IMMUNIZATION FORM (INTERNATIONAL TRAINEE)

Last/Family Name: _____ First/Given Name: _____

Date of Birth: _____ Sex: _____

Passport Number: _____ Nation: _____

Phone: _____ E-mail: _____

Mandatory Immunizations

A. Please fill out either vaccination history or immunization status. This information must be verified by a physician.

B. Blood tests must have lab report attached.

C. Chest X-ray must have copy of report attached.

A. MMR(Measles, Mumps, Rubella)			
1) Vaccination History (Two doses)	Date: / /	Date: / /	Do not write here
2) Immunization status * Blood tests must have lab report attached	**Measles** Date: / / ☐ Immune ☐ Non-Immune	**Mumps** Date: / / ☐ Immune ☐ Non-Immune	**Rubella** Date: / / ☐ Immune ☐ Non-Immune
B. Hepatitis A			
1) Vaccination History (Two doses)	Date: / /	Date: / /	Do not write here
2) Immunization status * Blood tests must have lab report attached	Date: / / ☐ Immune ☐ Non-Immune	Do not write here	
C. Hepatitis B			
1) Vaccination History (Three doses)	Date: / /	Date: / /	Do not write here
2) Immunization status * Blood tests must have lab report attached	Date: / / ☐ Immune ☐ Non-Immune	Do not write here	
D. Varicella			
1) Vaccination History (Two doses)	Date: / /	Date: / /	History of disease:
2) Immunization status * Blood tests must have lab report attached	Date: / / ☐ Immune ☐ Non-Immune	Do not write here	
E. Tuberculosis Screening			
1) IGRA test	Date: / / ☐ Negative ☐ Positive	Do not write here	
2) The result of a chest X-ray taken within 3 month *X-ray result must be submitted every year if you stay longer than 1 year.	Chest X-ray test Date: / /	Result ☐ Negative ☐ Positive	Do not write here
F. T dap			
1) Vaccination History (1 dose)	Date: / /	Do not write here	

I hereby certify that the above information is true and correct.

An official stamp from a doctor's office, clinic or health department and an authorized signature must appear here or this form will not be approved.

Official Office Stamp Here	Physical or Authorized Signature	Date