

Please email the following to Ms. Ada Huang (z10912010@email.ncku.edu.tw) **one (1) month** prior before entering NCKU hospital for preview.

- ☐ A photocopy of the signed/stamped NCKU Vaccination Form (see following page)
- ☐ A photocopy of your personal immunization and vaccination records/test results in English.

Details of the Vaccination and Immunization Proof:

1	One (1) dose of MMR (Measles, Mumps, Rubella) vaccination <u>within five (5) years</u> prior to entering the hospital. (Student may also provide positive antibody test results of Measles and Rubella as an alternative)
2	One (1) dose of chickenpox vaccination <u>within three (3) years</u> prior to entering the hospital. (Student may also provide positive antibody test results of Chickenpox)
3	One (1) dose of Hepatitis B vaccination <u>within three (3) years</u> prior to entering the hospital. (for those that are Hepatitis B virus carrier, provide hepatitis B positive test <u>results for HBs Ag and HBsAb</u>)
4	Chest X-Ray taken <u>within one (1) year</u> prior to entering the hospital.

Upon your arrival, please bring the following for the final review at the Labor and Safety Unit at NCKU Hospital.

- ☐ The original copy of NCKU-Vaccination Form (signed/stamped)
- ☐ The original copy of your personal immunization and vaccination records/test results in English.

After reviewing the document by the unit, if any of the above required vaccination and immunization categories does not meet the requirement, you will be asked to have an exam/test at NCKU Hospital on your own expense.

**NATIONAL CHENG KUNG UNIVERSITY
COLLEGE OF MEDICINE VACCINATION FORM**

National Cheng Kung University College 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.

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 _____

Chest X-Ray taken **within 1 year** prior to entering NCKU hospital.

CHEST X-RAY Date x-ray taken _____ [Normal/ Abnormal]

MMR (MEASLES, MUMPS AND RUBELLA) within 5 years prior to entering NCKU hospital.

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 _____

3. Antibody titer result: Measles date & result Date _____ [Positive/ Negative]

Mumps titer date & result Date _____ [Positive/ Negative]

Rubella titer date & result Date _____ [Positive/ Negative]

HEPATITIS BAND VARICELLA

- 1 dose of **chickenpox** vaccination **within 3 years** prior to entering NCKU hospital (may also provide positive antibody test results)
- 1 dose of **Hepatitis B** vaccination **within 3 years** prior to entering NCKU hospitalH (for those that are Hepatitis B virus carrier, provide hepatitis B positive test results for HBs Ag and HBsAb)

VARICELLA 1. Antibody titer Date _____ Result _____ [Positive / Negative]
(Chicken Pox) or 2. Vaccine date #1 _____ #2 _____

HEPATITIS B 1. Vaccine date #1 _____ #2 _____
#3 _____
or 2. Titer Date _____ Result _____ [Positive / Negative]

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 from Physician

Date

Name of Organization/ Hospital

Official Seal

NCKU-Vaccination Form