



Faculty of Tropical Medicine
Mahidol University

IMMUNIZATION REQUIREMENT FOR ELECTIVE

NAME NATIONALITY DATE OF BIRTH

UNIVERSITY/AFFILLATION COUNTRY

CONTACT EMAIL

THIS FORM MUST BE COMPLETED & SIGNED BY CANDIDATE OR HEALTH CARE PROVIDER PRIOR TO ATTEND THE ELECTIVE COURSE AT THE HOSPITAL FOR TROPICAL DISEASES

MMR (Measles, Mumps, Rubella)

Dose #1 Date Dose #2 Date (given at least 28 days after first dose)

VARICELLA (Chicken Pox) (2 doses of vaccine or a positive varicella antibody or history of disease)

1. History of Disease: Date

2. Immunization: Dose #1 Date

Dose #2 Date (at least 4 weeks after first dose if age 13 years or older)

3. Varicella Ab: Date Result: Positive Negative

HEPATITIS B (3 doses of vaccine or a reactive Hepatitis B surface antibody titer > 10 Iu/ml )

1. Hepatitis B Surface Antibody : Date Result: HBsAb < 10 Iu/ml and HBsAg -Positive
HBsAb > 10 Iu/ml and HBsAg -Negative
HBsAb < 10 Iu/ml and HBsAg -Negative

2. Hepatitis B vaccine: #1 Date #2 Date #3 Date

Tdap Date

Influenza Date

Japanese Encephalitis (Recommended): Date

COVID-19 vaccine #1 Date #2 Date

#3 Date #4 Date

I hereby declare that I have completed all required immunization above

Candidate's signature Date