Faculty of Medicine, Chiang Mai University

Immunization Record

Name of Applicant: _____

Date of Birth: _____
MM / DD / YY

Faculty of Medicine, Chiang Mai University requires that all visiting students who request enrollment in our clinical electives and clinical attachments show proof of vaccination against measles, mumps, rubella, chicken pox, influenza, hepatitis B, Tuberculosis, Meningitis and Covid-19.

Applicants must be free from symptoms of an infectious disease at the start of the elective. Should you become ill with a communicable disease during enrollment, you are REQUIRED to notify your course director/attending physician and remove yourself from the patient care activities.

The following information MUST be completed and signed by the applicant's health care facility.

MMR #1____/____/_____ (Given after 1 year of age) Measles #1 ____/____/_____ Mumps #1____/____/_____ Rubella #1____/____/_____	MMR #2 ____/____/_____ (Given 30 days after Dose 1) -or- Measles #2 ____/____/_____ Mumps #2 ____/____/_____ Rubella #2 ____/____/_____
-or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.	
Tetanus/Diphtheria _____/_____/_____ or Tetanus/Diphtheria/Pertussis_____/_____/_____ (Given in the last 10 years and it must stay current while the student is enrolled at the University) If the student has not had this vaccine in the past 10 years then a booster must be given.	
Varicella #1 ____/____/_____ (Given after 1 year of age) Varicella #2____/____/_____ (Given 30 days after Dose 1) -or- History of Disease ____/_____ (month/year) Documented by a Medical Provider -or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity	
_TB skin test (PPD): within the past 12 months. Date: ___/___/___ Negative ___ Positive ____ If the above test result is positive, a chest X-ray is required. Date: ___/___/____ Results	

Hepatitis B #1 ____/____/___	Hepatitis B #2____/____/_____ (Given 4 weeks after Dose 1)
Hepatitis B #3____/____/___ (Given 16 weeks after Dose 1 and 8 weeks after Dose 2) -or- Immunizations that do not follow the above schedule must be accompanied by a lab report showing positive immunity.	
For a student living on campus or in university sponsored housing, a Meningitis vaccine must be administered after his/her 16th birthday: Meningitis____/____/_____	
Influenza ___/____/___	Students coming and staying from July to the end of March are strongly advised to take this vaccination
COVID-19 Vaccination #1 ____/____/_____ COVID-19 Vaccination #2 ____/____/_____	Must be a copy of your vaccination card. The last dose must be received at least 2 weeks before the start of your rotation.

Signature (Medical Doctor or School Official): _____

Date:____/_____/_____/

Name (PRINT or TYPE): _____

Title: _____

Name of School: _____

School Address: _____

Phone: _____ Fax: _____

E-mail: _____

Official Stamp