

## Okochi Naika clinic

6-7, kamikiri, sakuragata, sobue-cho, Inazawa, Aichi, Japan 495-0015

### Immunization Certificate

Date: Feb 26, 2014

Client Name: ○○ ○○

Sex: Male Date of Birth: Oct 27, 1963 ○○ years old

#### 1) Records of Immunization

Type of Immunization	Date of Vaccination
DPT <sup>①</sup> ⑤ 1st	September 28, 1984
DPT 2nd	October 30, 1984
DPT 3rd	December 2, 1984
DPT 4th	February 22, 1986
DT <sup>②</sup> ⑤	At the age of 12 years old ⑥
TOPV <sup>③</sup> ⑤ 1st	May 22, 1984
TOPV 2nd	April 18, 1985
BCG * ⑦	January 8, 1985
Measles	September 10, 1985
Rubella	During junior high school days ⑥
Hepatitis B 1st	September 3, 2003
Hepatitis B 2nd	October 3, 2003
Hepatitis B 3rd	April 2, 2004

⑤ <sup>①</sup>DPT: Diphtheria, Pertussis, Tetanus, <sup>②</sup>DT: Diphtheria, Tetanus, <sup>③</sup> TOPV: Trivalent oral polio vaccine

⑦ \*Her chest X-ray on 2 April 2004 revealed no abnormality.

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

Name of Disease	Date of Infection	⑧ Serum Antibody Titer (Method, Titer, Date)
Measles	—	HI 1:128 (positive), March 15, 2004
Mumps	At the age of 4 years old	ELISA IgG 15.8 (positive), March 15, 2004
Rubella	—	HI 1:256 (positive), March 15, 2004
Varicella	June, 1986	ELISA IgG 9.6 (positive), March 15, 2004

I, the undersigned, certify that the above Immunization records are accurate. He received a BCG vaccination, a routine vaccination for all Japanese infants. Now, he has tested positive in a tuberculin test (positive conversion by the BCG vaccination). There has never been clinical evidence of tuberculosis and he appears healthy on physical examination.

If you need further information about this client, please contact Dr. Masahiro Okouchi, M.D, PhD via E-mail (okochi@pg8.so-net.ne.jp) or FAX (+81-587-97-8301). Your inquiry will be transferred to the doctor in charge, and reply will be sent via the same line, A.S.A.P.

Sign: \_\_\_\_\_

Dr. Masahiro Okouchi, M.D, PhD

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