

# Form for Rubella Antibody Test

\*Please fill in all the information in the bold boxes.

\*This medical examination form was originally created to be used by local public organizations to test for rubella antibodies in males born between April 2, 1962 and April 1, 1979.

Address listed on resident certificate	Prefecture		City Ward	
			Town Village	
Name				Male / Female
Date of birth	(YYYY)	(MM)	(DD)	(age: yrs.)

(Attach ticket)

Questions	Answer column		Physician's use only
Is the city, town, or village listed on your resident certificate the same as the city, town, or village listed on the ticket?	No	Yes	
Have you ever had rubella?	Yes	No	
(If "yes") Do you have a record of the results of the rubella antibody test, medical certificate, or any other document from that time?	Yes	No	
Have you taken a rubella antibody test since April 1, 2014?	Yes	No	
(If "yes") Do you have a record of the results of the rubella antibody test from that time?	Yes	No	
Have you ever had at least one dose of the rubella vaccine, combined measles and rubella (MR) vaccine, or combined measles, rubella and mumps (MMR) vaccine at any time from birth until the present?	Yes	No	
(If "yes") Do you have a record of the vaccination you received at that time?	Yes	No	
Type of vaccination (circle all that apply) (rubella vaccine / MR vaccine / MMR vaccine)			

**Consent form for conducting a rubella antibody test**  
 If you do not wish to take the rubella antibody test, please tick  the box below. If you do not tick  the box below, we will assume that you wish to take the test for antibodies against rubella.

I **do not wish** to take the rubella antibody test.

**Consent form for the handling of personal information for the antibody test for rubella** (to be filled out after the results of the doctor's examination have determined that the test is necessary)  
 This medical examination form (including the results of the antibody test) will be submitted to the municipality, the National Health Insurance Central Council, and the National Health Insurance Federation, and will be properly managed by the municipality in accordance with the Ordinance on the Protection of Personal Information. If you understand and agree to this, please sign the form.  
 (If you do not sign, you will not be able to receive the test free of charge.)

Date: (YYYY) (MM) (DD)      Signature of person taking the test \_\_\_\_\_

(\*If the applicant is unable to sign the form, a proxy must sign the form and write the his or her name and relationship with the person taking the test.)

Physician's use only	<p>The results of the subject's rubella antibody tests since April 1, 2014 were confirmed as (Yes / No / Unknown or no record).                  In the case of "Yes", based on the results of the antibody test, the subject was judged to be (eligible / not eligible) for the 5th stage of routine vaccination against rubella.</p> <p>The subject's previous vaccination history for rubella was confirmed as (Yes / No / Unknown or no record).                  In the case of "Yes", the confirmed vaccination history is as follows:                  1st dose: Administered vaccine (rubella vaccine / MR vaccine / MMR vaccine)    Date of vaccination (YYYY    MM    DD    )                  2nd dose: Administered vaccine (rubella vaccine / MR vaccine / MMR vaccine)    Date of vaccination (YYYY    MM    DD    )</p> <p>Based on the above interview, <b>I have judged that the rubella antibody test is (necessary / unnecessary).</b></p> <p style="text-align: right;">Physician's signature or name and seal _____</p>
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Results of the rubella antibody test (*Refer to Appendix Table 2 on the reverse side)		Result of judgment (circle one)	Place of administration, name of physician, date of examination	
Test method:	method	<b>Eligible</b> for the 5th stage of routine vaccination against rubella  <b>Not eligible</b> for the 5th stage of routine vaccination against rubella	Place of administration:	
Antibody titer	Unit		Name of physician:	
			Date of examination: (YYYY) (MM) (DD)	

Test number (\*Refer to Appendix Table 1 on the reverse side)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
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(Fill in the box of the relevant test number in black (■).)

***For those who have been judged to be "eligible for routine vaccination" based on the results of the rubella antibody test***

Based on the results of your rubella antibody test, you have been judged to be eligible for the 5th stage of routine vaccination against rubella.

To receive a rubella vaccination, **please bring this medical checkup sheet with you** to a medical institution that offers vaccinations.