

City of Yokohama Rubella Prevention Program

Application Form and Record Form for the Rubella Antibody Test

For use only at cooperating medical institutions in Yokohama City.

*Those who have had two or more doses of the combined measles and rubella (MR) vaccine or the single rubella vaccine are not eligible for this program.

*Pregnant women are not eligible for this program. (A rubella antibody test will be conducted during the antenatal checkup.)

Please fill in all the information in the bold boxes.

Address	Yokohama		Tel.	
Name	Katakana	Sex	Date of birth (YYYY/MM/DD)	
		M / F		
Questions			Answer column	
I have received at least two doses of the combined measles and rubella (MR) vaccine or the single rubella vaccine.			Yes	No
[For women] Are you currently pregnant or think you might be pregnant?			Yes	No

Please circle the number that applies to you (1 to 3).

1	Woman who wishes to become pregnant
2	Partner and cohabiting family member of a woman who wishes to become pregnant
3	Partner and cohabiting family member of a woman who is pregnant

I wish to take a rubella antibody test.

(Please sign your name.)

Name _____

If the test results show insufficient immunity,
I wish to / do not wish to be vaccinated with the MR (combined measles and rubella) vaccine. *Vaccination is available for a cost of 3,300 yen.

Result of judgment

HI method (times)

Vaccine:

Administered

Date of vaccination: YYYY MM DD

Not administered

Administering medical institution, name of physician, date of examination

Administering medical institution:

Name of physician:

Date of examination: YYYY MM DD

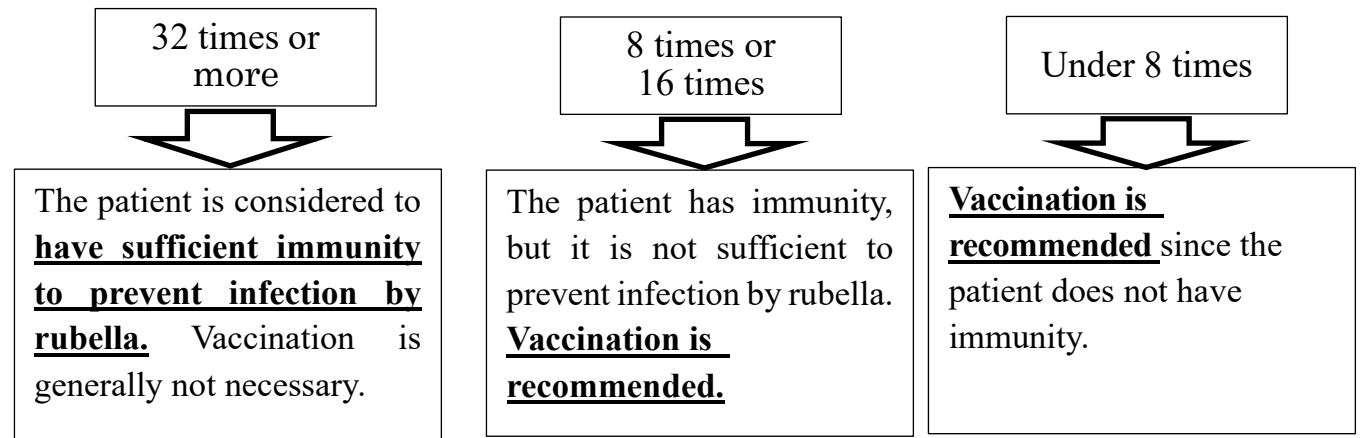
City of Yokohama Rubella Prevention Program

Rubella Antibody Test Results

Address	Yokohama		Tel.
Name	Katakana	Sex	Date of birth (YYYY/MM/DD)

〈About the test results〉

Result of judgment (HI method)



- ◎After a single vaccination dose, about 95% of people will gain immunity.
- ◎The recommended vaccine for immunization is the combined measles and rubella (MR) vaccine, which also takes into consideration the need to prevent measles.

Result of judgment			
HI method	(times)	
Vaccine:			
<input type="checkbox"/>	Administered	Date of vaccination: YYYY	MM DD
<input type="checkbox"/>	Not administered		
Administering medical institution, name of physician, date of examination			
Administering medical institution:			
Name of physician:			
Date of examination:	YYYY	MM	DD