



**Mahidol University**  
**Faculty of Medicine Siriraj Hospital**  
**ST2 Form - Health / Immunization Record Form**

All participants who apply for the short training program of “Siriraj International Short Training Program” are required to show the proof of ST2 Form for Immunization Record and Health Insurance.

<b>SECTION I</b>	<b>PERSONAL INFORMATION</b>
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Name ..... Gender ☐ Male ☐ Female  
 Medical School/University ..... Country .....  
 Categories ☐ Physician ☐ Researcher ☐ Academic Lecturer ☐ Other .....

<b>SECTION II</b>	<b>PROOF OF IMMUNIZATIONS</b> : Please give us for information on the required test results, vaccinations and immunizations.
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<input type="checkbox"/> Mumps-Measles-Rubella (MMR)		Positive Ab titer on date: .....
		Vaccine Date : .....
<input type="checkbox"/> Varicella (Chickenpox)	Ab Screening date : .....	<input type="checkbox"/> Positive IgG Ab (immunized) <input type="checkbox"/> Negative IgG Ab: immunization on date (1) ..... date (2) .....
<input type="checkbox"/> Diphtheria		Date: .....
<input type="checkbox"/> Pertussis		Date: .....
<input type="checkbox"/> Tetanus		Date: .....
<input type="checkbox"/> Poliomyelitis		Date: .....
<input type="checkbox"/> Hepatitis Series (Hepatitis C Virus, HCV and Hepatitis B Virus, HBV): At least 3 doses of Vaccination		Screening Date : ..... HBsAg ..... Anti HBs ..... Anti HCV .....
<input type="checkbox"/> Tuberculosis Screening (within the past 6 months)		
<input type="checkbox"/> Mantoux/PPD Test	Date: .....	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<input type="checkbox"/> IGRA Test*	Date: .....	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<input type="checkbox"/> Chest X-ray	Date: .....	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
* IGRA Test or Chest X-ray is only necessary in case of a positive Mantoux/PPD Test		
<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Normal, Date ..... <input type="checkbox"/> Others, Date ..... Described .....	

<b>SECTION III</b>	<b>PERSONAL HEALTH INSURANCE (COVID19 INSURANCE)</b> : All participants are covered by the personal health insurance during his/her undertake short training program at our institute. <b>Please submit this documents via an email :</b> <b>irsiriraj@gmail.com</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**This official document of ST2 Form was certified by Physician**

Name: ..... Signature: .....  
 Registered as a medical practitioner number: ..... Date: .....  
 Name of Hospital and Seal: .....

Seal/Stamp  
 of Health  
 Institute/  
 Hospital