



This information is strictly for the use of Counseling, Health and Wellness. Original medical records are not required and will not be accepted.

Immunization and Tuberculosis Screening Certificate
DUE 30 days after first day of fall semester classes

Last Name: First: Middle:

IMPORTANT: Read the following information in its entirety and submit all information in English on or before January 31, 2021. Northwestern University in Qatar (NU-Q) requires all students provide documentation of vaccination for or immunity from Polio, Diphtheria, Tetanus, Hepatitis B, Measles, Mumps, Rubella, Varicella, and Meningitis by a healthcare provider...

A. Required immunizations. Record the dates of vaccinations. IF USING LAB RESULTS TO SHOW POSITIVE IMMUNITY, THE LAB REPORT(S) MUST BE ATTACHED. Please mark the box indicating that lab results showing positive immunity have been attached for that particular illness.

1. Last Polio: / / OR Adult Booster: / /

Place the date when the series was completed. If series not completed, attach document indicating status of series completion.

2. Tetanus/Diphtheria/Pertussis - 3 doses of DTP, DTaP, Td, DT or Tdap are required. *Third dose MUST be completed within 10 years prior to entrance to university and at least 6 mths after last primary series vaccination...

DTP/DTaP Td Tdap Dose #1: / / DTP/DTaP Td Tdap Dose #2: / /

DTP/DTaP Td Tdap Dose #3: / /

3. Measles/Mumps/Rubella
*1st dose on or after 1st birthday and after 1/1/68.
*2nd dose at least 28 days after 1st dose

If given individually, complete this section:

MMR #1: / / Measles #1: / / Measles #2: / /

MMR #2: / / Mumps #1: / / Mumps #2: / /

Rubella #1: / / Rubella #2: / /

OR

Attached lab reports showing positive immunity to Measles, Mumps AND Rubella

4. Hepatitis B #1: / / Hepatitis B #2: / / Hepatitis B #3: / /

OR

Attached lab report showing positive immunity to Hepatitis B

5. Varicella #1: / / Varicella #2: / /

OR

Attached lab report showing positive immunity to Varicella

6. Meningococcal: / / Required ONLY for students age 21 years or younger at the start of classes. MUST have been completed at 16 years or older. Menactra or Menveo accepted.



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Last Name: _____ First: _____ Middle: _____

B. Required Tuberculosis (TB) screening

MUST have been completed within 12 months prior to university entrance. The BCG vaccine does not prevent TB in all cases and TB screening is required.

PPD placed: MM/DD/YYYY PPD read: MM/DD/YYYY Result: mm in duration: _____ Result: +tive -tive

In case of positively interpreted PPD, a follow-up with a healthcare provider is required. This follow-up must include a QuantiFERON-TB Gold test (QFT-G), a chest radiograph (x-ray), and a clinical evaluation checking for signs and symptoms suggestive of TB disease.

QFT-G: MM/DD/YYYY Result: _____ X-Ray: MM/DD/YYYY Result: _____

Medical Diagnosis: MM/DD/YYYY Result: TB POSITIVE OR TB NEGATIVE

Signature: _____ Date: _____ Signature of healthcare provider REQUIRED

Print Name/Telephone: _____ Stamp/Seal: _____

Exemptions: If you feel that you are exempt from vaccination requirements based on a medical contraindication, religious belief, or pregnancy, contact Counseling, Health and Wellness at 4454-5073 or wellness@gatar.northwestern.edu to discuss the required procedure and documentation.