



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 SEPTEMBER 24, 2020

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

IMPORTANT: Read the following information in its entirety and submit all information in English on or before September 24, 2020. 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 (licensed M.D. or D.O. or Licensed Nurse). In addition, all students are required to have documentation of Tuberculosis screening taken within the last year. Although not required, it is recommended that all students be vaccinated for Hepatitis A, Typhoid, and HPV. Students and their families are encouraged to review the Ministry of Public Health guidelines on immunization and vaccine practice in the State of Qatar at www.hmc.org.qa/hmcnewsite/immunization.aspx. Students who fail to submit their Certificate, or fail to rectify ALL immunization deficiencies by 30 days after the start of classes will be barred from future class registration (including adding or changing classes) until compliant. This form is to be completed, signed and stamped by 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. Some immunizations require a series of shots. Only those shots which are not yet due will be allowed to be incomplete at this time. However, the student will be required to complete all shots when they are due to remain compliant with the immunization requirements and to continue his/her enrollment. If completing lab testing in Doha, please allow sufficient time for your results to be processed as well as to pick up your own copy of the lab results.

1. Last Polio: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Adult Booster: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY MM DD YYYY
\*\*\*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 \*The first 2 doses MUST be at least 28 days apart. \*One dose MUST be Tdap, which is a vaccination only given to adolescents/adults.
[DTP/DTaP] [Td] [Tdap] Dose #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ [DTP/DTaP] [Td] [Tdap] Dose #2: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY MM DD YYYY
[DTP/DTaP] [Td] [Tdap] Dose #3: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY

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: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY MM DD YYYY MM DD YYYY
MMR #2: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mumps #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mumps #2: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY MM DD YYYY MM DD YYYY
Rubella #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rubella #2: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY MM DD YYYY

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

4. Hepatitis B #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hepatitis B #2: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hepatitis B #3: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY MM DD YYYY MM DD YYYY

[ ] Attached lab report showing positive immunity to Hepatitis B

5. Varicella #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Varicella #2: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY MM DD YYYY

[ ] Attached lab report showing positive immunity to Varicella

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



**NORTHWESTERN**  
UNIVERSITY  
IN QATAR

*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 SEPTEMBER 24, 2020**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ PPD read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: mm in duration: \_\_\_\_\_ Result:  +tive  -tive  
MM DD YYYY MM DD YYYY

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ X-Ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_  
MM DD YYYY MM DD YYYY

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

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](mailto:wellness@gatar.northwestern.edu) to discuss the required procedure and documentation.*