



This information is strictly for the use of Counseling and Wellness (CW).

Supplemental Immunization Certificate Semester in Qatar Students DUE 30 days after the start of fall semester classes

Last Name: _____ First: _____ Middle: _____

Northwestern University in Qatar (NU-Q) requires all students at the time of registration 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 skin test taken within the last year. While not required, vaccination for Hepatitis A, Typhoid, and HPV is recommended. This supplemental certificate and a copy of your Northwestern University Health Service "Admission Health Record" page 2 (PART II: REQUIRED IMMUNIZATIONS) can be submitted here https://forms.office.com/r/gDJXYxDPz by the deadline stated above. Questions can be submitted to wellness@qatar.northwestern.edu. Students who fail to submit the 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. It is your responsibility to ensure that all appropriate sections of this form are completed: Section 1 to be completed by student, Section 2 to be completed by parent/legal guardian (if applicable), and Section 3 to be completed, signed and stamped by healthcare provider.

Section 1. Student Information: To be completed by the student. Please print legibly.

Date of Birth: ____/____/____ Country of Birth: _____ Nationality: _____
MM DD YYYY

Gender: Male / Female Marital Status: Single / Married Blood Type: _____ Qatar ID: _____

Personal Email: _____

Local Address: _____

Permanent Address: _____

Local Mobile Phone: _____ Local Home Phone: _____

Emergency Contact Name: _____ Relationship to Student: _____

Emergency Contact Number(s): _____

Health issues about which you would like NU-Q Counseling and Wellness to know: _____

Exemption Request:

Religious exemption is allowed if the responsible person objects in good faith, in writing, that immunizations violate his or her religious beliefs. This exemption does not apply to tuberculosis screening.

I request religious exemption. _____ Date: _____
Signature of student

Medical exemption is allowed only if a physician or health authority deems an immunization medically inadvisable.

I request medical exemption. _____ Date: _____
Signature of student

Explicit written documentation supporting either exemption request must be submitted with this form.

Section 2. Treatment/Sharing of medical information of minors (under age 18 years)

As the parent/guardian of my minor (under 18 years of age) son or daughter, I hereby authorize 1) the sharing/exchange of relevant medical information between NU-Q representatives and medical providers for the purpose of diagnosis/treatment; 2) the transportation of my minor child, under appropriate circumstances, to area hospitals for diagnosis/treatment; and 3) the provision, by Counseling and Wellness Service, of such diagnostic and therapeutic procedures as may be deemed necessary. Any and all related expenses will be the responsibility of the student and/or parent/guardian.

Signature: _____ Date: _____
Signature of parent/legal guardian

Print Name: _____ Phone: _____
Printed name of parent/legal guardian

Section 3. Healthcare Record: To be completed by a healthcare provider

A. Required immunizations.

Record the dates of vaccinations. If using lab results showing positive immunity, they 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.

COMPLETE ALL (2) PAGES OF THIS DOCUMENT



Last Name: _____ First: _____ Middle: _____

1. Hepatitis B #1: ____/____/____ OR Attached lab report showing positive immunity to Hepatitis B
MM DD YYYY
Hepatitis B #2: ____/____/____
MM DD YYYY
Hepatitis B #3: ____/____/____
MM DD YYYY

2. Varicella #1: ____/____/____ OR Attached lab report showing positive immunity to Varicella
MM DD YYYY
Varicella #2: ____/____/____
MM DD YYYY

3. Required Tuberculosis (TB) screening. MUST have been completed within 12 months prior to NU-Q 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: _____ Stamp/Seal: _____

Phone: _____