



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 the deadline will have a hold placed on their student account. It is the student's 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: MM/DD/YYYY Country of Birth: Nationality:

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. Signature of student Date:

Medical exemption is allowed only if a physician or health authority deems an immunization medically inadvisable. I request medical exemption. Signature of student Date:

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

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



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the use of Counseling, Health  
and Wellness (CHW).*

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:** \_\_\_\_\_