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. 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.
This information is strictly for 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
   Hepatitis B #2: _______/__ __/_________  MM   DD   YYYY
   Hepatitis B #3: _______/__ __/_________  MM   DD   YYYY

2. Varicella #1: _______/__ __/_________  OR  □ Attached lab report showing positive immunity to Varicella
   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: _______/__ __/_________  MM   DD   YYYY
   PPD read: _______/__ __/_________  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: _______/__ __/_________  Result: _________________  X-Ray: _______/__ __/_________  Result: _________________
   Medical Diagnosis: _______/__ __/_________  Result: □ TB POSITIVE  OR  □ TB NEGATIVE

Signature: ___________________________  Date: ________________________________

Signature of healthcare provider REQUIRED

Print Name: ___________________________  Stamp/Seal: ___________________________

Phone: _______________________________