

QATAR FOUNDATION IMMUNIZATION REQUIREMENTS

PLEASE READ CAREFULLY.

- **HEALTH CARE PROVIDER:** a physician licensed to practice medicine in all of its branches (M.D. or D.O.), a Licensed Nurse, or a Public Health Official.
- **ENGLISH:** All immunization forms and copies of laboratory reports must be submitted in English. Translations of non- English documents must be certified.

REQUIRED VACCINATIONS:

- **MEASLES, MUMPS, RUBELLA:** All students must show proof of vaccination for Measles, Mumps and Rubella. Proof of immunity can be submitted by forwarding a copy of childhood immunization records, or a recent dose of the vaccine.
- **HEPATITIS B:** All students must show proof of vaccination for Hepatitis B. Proof of immunity can be submitted by forwarding a copy of childhood immunization records, or a recent dose of the vaccine (to be given at 0, 1-2, 4-6 months).
- **VARICELLA:** Students who have previously had Varicella infection (chicken pox) should have their immunity verified with a blood titer and submit a copy of laboratory report(s) **in English**. Students who have not previously been infected or whose laboratory testing does not indicate immunity should complete the two-dose vaccination series. Vaccines should be given at least 30 days apart.
- **TETANUS, DIPHTHERIA, PERTUSSIS:** All students must show proof of vaccination for Tetanus, Diphtheria and Pertussis within the past ten years. Proof of immunity may be submitted by forwarding a copy of childhood immunization records, or a recent dose of Tdap. For students who currently require vaccination, the Tdap (tetanus, diphtheria and acellular pertussis) vaccine is needed to satisfy the pertussis requirement.
- **TUBERCULOSIS SCREENING:** Screening for tuberculosis exposure is a skin test (PPD/Mantoux or Quantiferon) performed within the last 12 months. Students with a previous history of a positive tuberculosis skin test must submit a chest X-ray report obtained within 12 months of entry. They should not have skin testing completed.
- **POLIO:** All students must show proof of vaccination for Polio. Proof of immunity may be submitted by forwarding a copy of childhood immunization records, or a recent dose of the vaccine.
- **MENINGOCOCCAL:** Students must show proof of vaccination for Meningococcal within the past 5 years. Either Conjugate (preferred) or Polysaccharide.

***IMPORTANT.** Regarding Measles, Mumps, Rubella, Hepatitis B and Varicella/Chicken pox: you will be permitted to register for classes IF you are in the process of completing this series of vaccines, HOWEVER the series must be completed before you can register for the following semester.

RECOMMENDED VACCINATIONS:

- **TYPHOID:** Students must show proof of vaccination for Typhoid or booster within the past 2 years.
- **HEPATITIS A:** Students should submit a copy of a laboratory report(s) **in English** of a blood test (Hepatitis A surface Antibody) to demonstrate immunity. Students whose laboratory testing does not indicate immunity should receive additional immunizations as appropriate and record these dates.
- **INFLUENZA:** Recommended that vaccine be given annually.
- **HPV:** Series of 3. (For females only)
- **PNEUMONOCOCCAL POLYSACCHARIDE VACCINE**

MEDICAL CONTRAINDICATIONS: a written, signed, and dated statement from a physician stating the vaccine that is contraindicated, the nature, and duration of the medical condition that contraindicates the vaccine(s). Submit this statement with application to your university.

RELIGIOUS EXEMPTION: a written, signed, and dated statement by the student detailing the student's objection to immunization on religious grounds. Request for religious exemptions will be forwarded for review and only be granted by the Registrar. Submit this statement with application to your university.

THE ATTACHED IMMUNIZATION FORM MUST BE:

1. Completed **in English** by a Health Care Provider.
2. The immunization **form must be returned** to your university's Health and Wellness Counselor.
3. **Do not send original** immunization booklets/documents – make a copy & complete attached form.

TUBERCULOSIS SCREENING	date given: _____ / _____ / _____ date read: _____ / _____ / _____ result: <input type="checkbox"/> negative <input type="checkbox"/> positive if positive: date of chest x-ray: _____ / _____ / _____ result: <input type="checkbox"/> negative <input type="checkbox"/> positive
Alternative to above: TUBERCULOSIS SCREENING (attach a copy of laboratory test in English) a PPD-Mantoux test must be placed and interpreted by a healthcare provider within 12 months prior to registration.	PPD places. _____ / _____ / _____ result: _____ PPD read. _____ / _____ / _____ result in mm induration: _____ result: <input type="checkbox"/> negative <input type="checkbox"/> positive in case of positively interpreted PPD, a follow up with the healthcare provider is required: date of QFT: _____ / _____ / _____ result: _____ date of chest x-ray: _____ / _____ / _____ result: _____ or, previous history of a positive tuberculin skin test: previous PPD. _____ / _____ / _____ x-ray: _____ / _____ / _____ a normal chest X-ray within 12 months is required, unless history of INH therapy is documented: date of INH treatment: _____ / _____ / _____
POLIO 1. _____ / _____ / _____	date of blood titer. _____ / _____ / _____ result: _____
MENINGOCOCCAL (students must show proof of vaccination for Meningococcal within the past 5 years.) 1. _____ / _____ / _____	
RECOMMENDED VACCINATIONS	
TYPHOID (students must show proof of vaccination for Typhoid or booster within the past 2 years.) 1. _____ / _____ / _____	
HEPATITIS A 1. _____ / _____ / _____ 2. _____ / _____ / _____	
HUMAN PAPILLOMAVIRUS VACCINE (HPV) (for females only) 1. _____ / _____ / _____ 2. _____ / _____ / _____ 3. _____ / _____ / _____	
PNEUMONOCOCCAL POLYSACCHARIDE 1. _____ / _____ / _____	

_____ clinician signature	_____ form completion date (dd/mm/yy)
_____ printed name and title	_____ office telephone number