

### Immunizations and Vaccinations

All full-time incoming students to the Qatar campus must complete online immunization and tuberculosis (TB) screening forms, as well as upload immunization records with dates from their healthcare providers to HealthConnect, after you have received your Andrew ID.

If your immunization records are in a language other than English, please translate the date of each vaccine dose into English before uploading.

Failure to comply with the below requirements may result in an inability to register for classes.

Required Immunizations	Doses
<b>Measles, Mumps, Rubella (MMR)</b>	<ul style="list-style-type: none"> <li>• 2 doses of MMR, <b>or</b></li> <li>• a combination of 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine, <b>or</b></li> <li>• a positive immunoglobulin (IgG) antibody blood test to each (proves immunity)</li> </ul>
<b>Varicella (Chickenpox)</b>	<ul style="list-style-type: none"> <li>• 2 doses, <b>or</b></li> <li>• a positive Immunoglobulin (IgG) antibody blood test (proves immunity)</li> </ul>
<b>Polio</b>	<ul style="list-style-type: none"> <li>• 4 doses, <b>or</b></li> <li>• IPV booster as an adult</li> </ul>
<b>Tetanus, Diphtheria and Pertussis (Tdap)</b>	<ul style="list-style-type: none"> <li>• 1 dose between the ages of 11-64</li> </ul>
<b>Meningococcal (Meningitis)</b>	<ul style="list-style-type: none"> <li>• 1 dose of Quadrivalent (ACYW) after age 16</li> </ul>
Screening	Documentation
<b>Tuberculosis (TB) Screening</b>	<ul style="list-style-type: none"> <li>• TB Skin test (PPD) including the date PPD was placed, read and the results in mm induration, <b>or</b></li> <li>• a negative chest x-ray, <b>or</b></li> <li>• a negative IGRA blood test</li> </ul> <p><i>**completed no longer that 6 months before the start of classes</i></p>

Recommended Immunizations	Doses
<b>Hepatitis A</b>	<ul style="list-style-type: none"> <li>• 2 doses</li> </ul>
<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>• 3 doses, <b>or</b></li> <li>• a positive immunoglobulin (IgG) antibody blood test to each (proves immunity)</li> </ul>
<b>Meningococcal B</b>	<ul style="list-style-type: none"> <li>• 1 dose</li> </ul>
<b>Human Papillomavirus (HPV)</b>	<ul style="list-style-type: none"> <li>• Speak with your health care provider regarding this immunization; the number of doses of depends on age at initial HPV vaccination</li> </ul>
<b>COVID-19</b>	<ul style="list-style-type: none"> <li>• 1 or 2 doses <i>*depending on the brand of the COVID-19 vaccine received</i></li> </ul>

#### Acceptable Proof of Immunization:

- Immunization card from childhood;
- immunization records from your doctor's office (**signed and stamped with your doctor's license number** by your doctor or clinic);
- High school or prior college's immunization records;
- Blood test (**original lab report**) proving immunity results
- **All immunization records/forms and copies of laboratory reports must be submitted in English.**