

**Immunizations and Screening Worksheet**

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

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Andrew ID: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Required Immunizations/Screenings**

VACCINE	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	DATE OF LAB/SEROLOGIC EVIDENCE <sup>1</sup>	RESULT
<b>MMR<sup>2</sup></b> Measles, Mumps, Rubella	___/___/___	___/___/___	___/___/___	_____
Measles	___/___/___	___/___/___	___/___/___	_____
Mumps	___/___/___	___/___/___	___/___/___	_____
Rubella	___/___/___		___/___/___	_____
Varicella <sup>3</sup> (Chickenpox)	___/___/___	___/___/___	___/___/___	_____
Tetanus, Diphtheria and Pertussis <sup>4</sup> (Tdap)	___/___/___			
Meningococcal <sup>5</sup> (Meningitis)	___/___/___			
Polio <sup>6</sup>	___/___/___	___/___/___	___/___/___	___/___/___

VACCINE/SCREENING	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)
<b>Only 1 of the following screenings are required*</b>				
<b>Tuberculosis (TB) Skin Test (PPD)</b>	Date Administered: ___/___/___	Date Read: ___/___/___	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Induration: _____mm
<b>Chest X-Ray<sup>7</sup> (CXR)</b> <i>*alternative TB Test to PPD</i>	Date: ___/___/___		Result: <input type="checkbox"/> Normal	Result: <input type="checkbox"/> Abnormal
<b>Tuberculosis (TB) Interferon-Gamma Release Assay (IGRA) Blood Test</b> <i>*alternative TB Test to PPD</i>	Date: ___/___/___		Result: <input type="checkbox"/> Normal	Result: <input type="checkbox"/> Abnormal

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
HEALTHCARE PROVIDER'S STAMP

\_\_\_\_\_  
DATE

1 IF USING A TITER RESULT/SEROLOGIC EVIDENCE FOR PROOF OF IMMUNIZATION, A COPY OF THE RESULT MUST ACCOMPANY THIS FORM FOR REVIEW. PLEASE INDICATE THE DATE OF THE TITER IN THE APPROPRIATE FIELD.  
 2 TWO DOSES OF MMR ARE REQUIRED OR TWO DOSES OF MEASLES AND MUMPS AND ONE DOSE OF RUBELLA.  
 3 A POSITIVE VARICELLA ANTIBODY, OR TWO DOSES OF VACCINE GIVEN ATLEAST ONE MONTH APART ARE REQUIRED.  
 4 PRIMARY SERIES WITH DTaP OR DTP AND BOOSTER WITH Td IN THE LAST 10 YEARS MEETS REQUIREMENT.  
 5 MENINGOCOCCAL ONE DOSE AFTER THE AGE OF 16 MEETS REQUIREMENT.  
 6 PRIMARY SERIES IN CHILDHOOD MEETS REQUIREMENT OR A BOOSTER DOSE AS AN ADULT.

**Carnegie Mellon University Qatar**  
Office of Health and Wellness

7 REQUIRED IF TUBERCULIN SKIN TEST IS POSITIVE. A COPY OF THE RESULTS MUST ACCOMPANY THIS FORM FOR REVIEW.

**Student Information**

First Name:

Last Name:

Andrew ID:

**Recommended Immunizations**

VACCINE/SCREENING	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)
Hepatitis A	___/___/___	___/___/___		
Hepatitis B	___/___/___	___/___/___	___/___/___	
Meningococcal B	___/___/___			
Human Papillomavirus (HPV)	___/___/___	___/___/___	___/___/___	___/___/___
COVID-19 (e.g. Moderna, Pfizer) <i>*Specify the Brand</i>	Brand Name: _____	___/___/___	___/___/___	Booster: ___/___/___

**I ACKNOWLEDGE THAT THE ABOVE IMMUNIZATION INFORMATION IS ACCURATE AND COMPLETE.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**IMMUNIZATION EXEMPTIONS**

A written exemption statement must be submitted to the Office of Health and Wellness for review. Please be aware, CMU-Q may exclude students from classes who do not provide proof of immunity to circulating diseases.