## Carnegie Mellon University Qatar Office of Health and Wellness

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:	Birthdate (mm/dd/yyyy):		
Last Name:	Andrew ID:		
Email Address:	Phone Number:		

Vaccinations/ Immunizations	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	O R	DATE OF LAB/SEROLOGIC EVIDENCE	Blood Test RESULT *If using a blood test for proof of immunization, a translated copy of the results must be uploaded with this form
MMR: OR Measles (Rubeola) Mumps: Rubella: Two doses of MMR vaccine required or two doses of measles and mumps and once dose of rubella, starting after the age of one, or positive IgG antibody test		// //	O R		P N E   P N E   P N E   P N E   P N E   P N E   Results* P: Positive   N: Negative E: Equivocal
Varicella (Chickenpox): Two doses of Varicella vaccine required at least one month apart, starting after the age of one, or positive IgG antibody test	//	//	O R	//	 P N E
<b>Meningococcal ACWY:</b> One dose of Meningococcal vaccine required after age 16	// after 16th birthday				

Polio: Four doses of Polio vaccine	//	//	A N D	//	//
required, in childhood or one booster dose, as an adult					

Only one of the following screenings o		JLOSIS TESTING to have the PPD skin test	done OR the Chest X-Ra	<i>y</i> or the IGRA blood test.	
Screening	Date (mm/dd/yyyy)		<b>Result</b> A copy of the result must be uploaded with this form.		
Tuberculosis Skin Test or PPD:	Date Administered: //	Date Read: //	 P N	Induration:	
OR					
Chest X-Ray (CXR):	/		P N		
OR					
Tuberculosis Interferon Gamma Release Assay (IGRA): *alternative TB Test to PPD	/		P N		

HEALTH CARE PROVIDER ACKNOWLEDGEMENT THAT THE ABOVE IMMUNIZATION INFORMATION IS ACCURATE AND COMPLETE (SIGNATURE REQUIRED).

HEALTHCARE PROVIDER'S STAMP DATE

SIGNATURE OF PHYSICIAN

DATE

Requests for immunization exemptions must be submitted via the Medical or Religious/Ethical exemption form that you can request from the DIrector of Health and Wellness. Please be aware, CMU-Q may exclude students from classes who do not provide proof of immunity to circulating diseases.