vcuarts QATAR | Virginia Commonwealth University School of the Arts

Virginia Commonwealth University Qatar
Education City
P.O. Box 8095, Doha, Qatar
Phone: +974 4402 0555
Web: www.qatar.vcu.edu

Immunization Requirements

Please Read Carefully.

Health Care Provider: A physician (MD or DO), Nurse Practitioner, Physician's Assistant, or Registered Nurse.

English: All immunization forms and laboratory reports must be submitted in English. Translations of non-English documents must be certified as accurate.

Required Vaccinations:

Measles, Mumps, & Rubella (MMR) **: All students must show either proof of vaccination (two injections after the first birthday and a minimum of 28 days apart) or proof of immunity. Immunization records can include either childhood or adult vaccinations received at the proper interval. Proof of immunity may be documented by lab analysis through either an MMR Immunity Profile or individual test results for Rubeola IgG, Mumps IgG, and Rubella IgG.

Hepatitis B **: All students must show either proof of vaccination (three injections) or proof of immunity with the Hepatitis B surface antibody test (HBsAb).

Varicella **: All students must show either proof of vaccination (two injections after the first birthday and a minimum of 28 days apart) or proof of immunity with a Varicella zoster antibody test (Varicella IgG). Two doses of varicella vaccine is adequate for immunity and a titer is not necessary. Students who report chicken pox infection must submit proof of immunity through a Varicella Ab IgG antibody test. Students who have not completed the vaccine or whose lab test results doesn' document immunity must complete the vaccine series.

Tetanus, Diphtheria, & Pertussis (TdaP): All students must show proof of vaccination for Tetanus, Diphtheria, and Pertussis within ten (10) years of program enrollment. The vaccine must have been licensed after 2005 to be accepted. Students age 19 years & over can receive either the Boostrix or the Adacel TdaP vaccines. Plain Tetanus-Diphtheria (Td) is not acceptable unless the student has a valid Pertussis vaccination within the 10 year period.

Polio: All students must show proof of vaccination for Polio (four doses minimum) or proof of immunity for Poliovirus 1, 2, & 3. A single adult dose of inactivated polio vaccine (IPV) will suffice.

Meningococcal: Students must show proof of vaccination with a multivalent vaccine for serogroups A, C, W, & Y within five (5) years of enrollment. Conjugate vaccine is preferred (e.g. Menactra). Polysaccharide vaccine (Menomune) is acceptable.

** **Important:** Students will be permitted to register for classes if they are in the process of receiving the Measles, Mumps, Rubella, Hepatitis B, and Varicella vaccines. HOWEVER, the series must be completed before registration for the following semester in Qatar.

Tuberculosis Screening: Screening for Tuberculosis may be completed with a skin test (PPD/Mantoux) or blood test (Quanteferon Gold or TSpot). Screening must have been completed within 12 months prior to class enrollment. Students with a positive test result and those with a previous history of a positive tuberculosis test result must submit a chest X-ray report documenting no acute disease process obtained within 12 months of enrollment.

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Recommended Vaccines:

Typhoid: Typhoid vaccine is highly recommended for travel to Qatar. Multi-drug resistant typhoid is present in the Middle East. The Widal test for Salmonella Typhii, types O & H, is not acceptable for proof of immunity. There is no definitive blood test for Typhoid immunity. Injectable vaccine (Typhim VI) should have been completed within two (2) years of enrollment and oral vaccine (Vivotif) within four years of enrollment.

Hepatitis A: Hepatitis A vaccine is highly recommended for travel to Qatar. This two-part vaccine should have been completed within 6 to 12 months of enrollment. A single dose received within 6 months of enrollment is accepted. The Hepatitis A test (HAVAb, total IgG) is available to document immunity.

Influenza: Flu vaccine is highly recommended.

HPV: HPV vaccine is recommended for both men and women.

Pneumococcal Polysaccharide Vaccine: Pneumococcal is recommended for all adults over age 19 years in selected circumstances: immune suppression through medication use, absence of the spleen, certain chronic respiratory conditions, or chronic illness that may affect the individual's immune system.

Medical Contraindications

A written, signed, and dated statement from a physician, nurse practitioner, or physician's assistant stating that the vaccine is contraindicated plus the nature and duration of the medical condition that contraindicates the vaccine(s) is required. The student should submit this statement with the application.

Religious Exemption

A written, signed, and dated statement detailing the student's objection to immunization(s) on religious grounds is required. The request for religious exemption will be forwarded for review and will be granted on a case-by-case basis. The exemption request should be submitted with the program application to the University.

The Attached Immunization Form Must Be:

1. **Completed in English by a health care provider.**
2. **Submitted with the application.**

Send a copy of these forms to the VCU Student Health Service for inclusion in your personal medical and immunization records if they are completed by an outside health care provider.

Do not send original immunization booklets or documents to the VCU-Qatar program. Retain the original and submit a copy along with the attached vaccine forms and your application to VCU-Qatar.

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Immunization Requirements

Part I: To be completed by the student

NAME ______________________________ SEX ________ Student I.D. Number ☐☐☐☐☐☐☐☐☐

Last First MI

DATE OF BIRTH ____________ VCU EMAIL ____________ MOBILE NUMBER ____________

Part II: To be completed and signed by the Health Care Provider(s)
All dates must include a minimum of the Month and Year of vaccination.

Medical Exemption (Describe the exemption):

____

____

____

____

Religious Exemption Requested by the Student: _____ Yes _____ No

Required Vaccinations & Dates:

MMR (Two MMR OR An Immunity Profile)		**MMR Immunity Profile**
1. ____/____/____	OR	Date ____/____/____
2. ____/____/____		Result ____________
Measles		**Measles IgG Titer**
1. ____/____/____	OR	Date ____/____/____
2. ____/____/____		Result ____________
Mumps		**Mumps IgG Titer**
1. ____/____/____	OR	Date ____/____/____
2. ____/____/____		Result ____________
Rubella (one required)		**Rubella IgG Titer**
1. ____/____/____	OR	Date ____/____/____
		Result ____________

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Immunization Requirements

STUDENT NAME____V#_______________

Required Vaccinations & Dates (Continued):

Hepatitis B (Three Doses)

1. ____/____/____
2. ____/____/____
3. ____/____/____

OR

Hepatitis B Surface Ab Result

Date ____/____/____

Result ________________

Varicella (Chicken Pox) Date of Disease

____/____/____

OR Two Varicella Vaccinations

AND

Varicella Zoster Ab IgG Result

Date ____/____/____

Result ________________

Varicella Zoster (Chicken Pox) Vaccine

1. ____/____/____
2. ____/____/____

Tetanus, Diphtheria, & Pertussis

____/____/____

______ **Tdap** (Licensed after 2005)

______ **Td**

Polio

4th Oral Dose ____/____/____

IPV ____/____/____

OR

Poliovirus 1,2,3 Viral Test

Date ____/____/____

Result ________________

Meningococcal (within the past 5 years)

____/____/____

Specify, if known: Conjugate (Menactra) _____ OR Polysaccharide (Menomune) _____

Typhoid

____/____/____

Specify: Oral Vaccine (Vivotif) _____ OR Injectable (Typhim VI) _____

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STUDENT NAME_______________________________________V#______________

Tuberculosis Screening Required
Required within 12 months prior to enrollment if no prior positive test result. Must be completed regardless of prior BCG vaccination.

TST/PPD Placed: __________/__________/__________

TST/PPD Read: __________/__________/__________

TST/PPD Result in mm of induration: ________________________________

Interpretation: _____ Negative _____ Positive

OR

Quanteferon Gold/TSpot Test Date: __________/__________/__________

Quanteferon Gold/TSpot Test Result: ________________________________

Interpretation: _____ Negative _____ Positive _____ Indeterminant

Chest X-Ray Date: __________/__________/__________

Chest X-Ray Result: ________________________________

Interpretation: _____ Negative _____ Positive

A normal chest x-ray within 12 months of enrollment is required for anyone with a positive Tuberculosis test (TST/PPD or Quanteferon Gold/TSpot) result.

Treatment of Latent Tuberculosis: Specify if treatment was with INH, Rifampfin, or Other

_____ This Student Has Not Completed Treatment for Latent Tuberculosis, as Defined by a Positive Test Result and Negative Chest X-Ray

Treatment Start Date: ____________________

Treatment Completion Date: ____________________

Medication and Dosage: ____________________

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Immunization Requirements

STUDENT NAME____V#_______________

Recommended Vaccinations & Dates:

Hepatitis A | **Hepatitis A Ab, Total Result**

1. ___________/___________/___________ OR Date _________/________/________

2. ___________/___________/___________ Result ___________________________

Human Papillomavirus (HPV)

1. ___________/___________/___________ 2. ___________/___________/___________

3. ___________/___________/___________

Pneumococcal Polysaccharide

___________/___________/___________

Additional Comments from the Health Care Provider:

____
____
____
____

Provider Signature:

____________________________________ ____________________________________
Provider Signature Date of Completion (MM/DD/Year)

____________________________________ ____________________________________
Printed Name & Title Office Telephone Number

____
Office Address

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