



Meningitis Immunization and Tuberculosis Screening Certificate
Academic Year 2023-2024
Counseling and Wellness Program, Texas A&M University at Qatar
P.O. Box 23874 Doha, Qatar | tel.: 974.4423.0047 | immunizations@qatar.tamu.edu

Texas A&M University at Qatar requires all students at the time of registration to provide documentation of vaccination or immunity from Meningitis. In addition, all students are required to have documentation of Tuberculosis skin test taken within the last year. This certification must be scanned and email to immunizations@qatar.tamu.edu by July 13, 2023.

To avoid delays, please see your health care provider as soon as possible to complete this certificate, especially if your immunization records are incomplete. You will not be able to enroll in classes until you provide this document. All immunization records and copies must be submitted in English. If you have any questions, please contact The Wellness and Counseling Program at immunizations@qatar.tamu.edu.

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: Male / Female
Marital Status: Single / Married Qatar ID: _____ Email: _____

Exemption Request:
Religious exemption is allowed if the responsible person objects in good faith, in writing, that immunizations violate his or her religious beliefs. This exemption does not apply to tuberculosis screening.
I request religious exemption. _____ Date: _____
Signature of student
Medical exemption is allowed only if a physician or health authority deems an immunization medically inadvisable.
I request medical exemption. _____ Date: _____
Signature of student
Explicit written documentation supporting either exemption request must be submitted with this certificate.

Parental Consent: To be completed by parents or legal guardians of students under 18 years of age.
Parental or legal guardian consent is required in order to provide medical or surgical care to minors. The following statement should be signed by parents or guardians of students under 18 years of age. This will prevent delays in treatment in the event of an illness or accident.
I hereby authorize the staff at Texas A&M University at Qatar to facilitate vaccinating, interviewing, assessment, testing and if necessary, treatment of my son or daughter as deemed advisable.
Signature: _____ Date: _____
Signature of parent/legal guardian
Print Name: _____ Phone: _____

A. Meningococcal: ___/___/___ OR I Attached lab report showing positive immunity to Meningitis
*** (within the past 5 years) ***
MM DD YYYY

B. Required Tuberculosis (TB) screening.
BCG is NOT a required vaccine. BCG Vaccine: ___/___/___ I No record of BCG vaccination
MM DD YYYY

A PPD-Mantoux test must be placed and interpreted by a healthcare provider *** (within 12 months prior to registration). *** THIS MUST BE DONE REGARDLESS OF A BCG VACCINATION.

PPD placed: ___/___/___ PPD read: ___/___/___ Result in mm in duration: _____
MM DD YYYY MM DD YYYY
Result: I PPD Result Positive OR I PPD Result Negative

In case of positively interpreted PPD, a follow-up with a healthcare provider is required. This follow-up must include a QuantiFERON-TB Gold test (QFT-G), a chest radiograph (x-ray), and a clinical evaluation checking for signs and symptoms suggestive of TB disease.

QFT-G: ___/___/___ Result: _____
MM DD YYYY
X-Ray: ___/___/___ Result: _____
MM DD YYYY
Medical Diagnosis: ___/___/___ Result: I Patient HAS TB OR I Patient does NOT have TB

C. Signature and official stamp/seal of healthcare provider required.
Signature: _____ Stamp/Seal: _____ Date: _____
Signature of health care provider
Print Name: _____ Phone: _____