Northwestern University Feinberg School of Medicine
Visiting Clerkship Program
2018-19 Academic year

This application is for use by students who are applying as Global Partner applicants for the Visiting Student Program only. Please check the Global Partner Institutions list below and the eligibility requirements before completing this application.

Northwestern’s Global Partner Institutions include the following universities:

<table>
<thead>
<tr>
<th>Continent</th>
<th>University</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>Stellenbosch University</td>
<td>Stellenbosch, South Africa</td>
</tr>
<tr>
<td></td>
<td>Makerere University</td>
<td>Kampala, Uganda</td>
</tr>
<tr>
<td></td>
<td>University of Jos</td>
<td>Jos, Nigeria</td>
</tr>
<tr>
<td></td>
<td>University of Ibadan</td>
<td>Ibadan, Nigeria</td>
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<td></td>
<td>Université Cheikh Anta Diop de Dakar</td>
<td>Dakar, Senegal</td>
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<td></td>
<td>Université de Bamako</td>
<td>Bamako, Mali</td>
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<tr>
<td>Asia</td>
<td>Peking University</td>
<td>Beijing, China</td>
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<td></td>
<td>Keio University</td>
<td>Tokyo, Japan</td>
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<tr>
<td></td>
<td>Tel Aviv University</td>
<td>Tel Aviv, Israel</td>
</tr>
<tr>
<td>Central/South America</td>
<td>Universidad Panamericana</td>
<td>Mexico City, Mexico</td>
</tr>
<tr>
<td>Europe</td>
<td>Université de Strasbourg (Université Louis Pasteur)</td>
<td>Strasbourg, France</td>
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<tr>
<td></td>
<td>Charité-Universitätsmedizin</td>
<td>Berlin, Germany</td>
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<tr>
<td></td>
<td>Karolinska Institutet</td>
<td>Stockholm, Sweden</td>
</tr>
<tr>
<td></td>
<td>Trinity College Dublin</td>
<td>Dublin, Ireland</td>
</tr>
<tr>
<td></td>
<td>Royal College of Surgeons</td>
<td>Dublin, Ireland</td>
</tr>
</tbody>
</table>

Medical students from the above universities should contact their medical school’s international coordinator before applying.

Eligibility Requirements for Medical Students from our Partner Institutions:

Prospective students for the Visiting Clerkship program:

- Must be a medical student enrolled in one of the above universities.
- Must receive prior approval from their school’s academic office.
- Must be in good standing at their medical school.
- Must have completed at least one year of in-hospital clinical training and have completed all core clerkships in Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery.
- Must be pursuing a medical degree.
- Must rotate before graduating from medical school.
Application Information for Partner Institution Medical Students:

Although visiting rotations are available in virtually every aspect of medicine, you should be aware that they are designed specifically for students enrolled in their final year of medical school who have already completed one full year of in-hospital clinical training prior to an anticipated elective at Northwestern University. It is required that visitors first complete basic clerkships in Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery before participating in any electives. Certain specialty electives may have prerequisites. Please check each individual listing in the elective catalog for details.

All Visiting Student rotations are scheduled through the Visiting Student Programs Office in the Office of Medical Education. Clerkship assignments for visiting students are made after our own students’ schedules have been completed after May 1 for the upcoming academic year. Northwestern students always have priority on available clerkships. Rotations are assigned on a space-available basis, and registration is restricted to a maximum of eight weeks.

Application form: If you meet the eligibility requirements, please fill out this form in its entirety (see pages below). Rotations are 4 weeks in length and registration is restricted to a maximum of eight weeks. Use one application if you would like to rotate for one 4-week block (3 different rotation choices may be listed, with up to 4 dates). If you would like to rotate two times (two 4-week rotations), 2 application forms must be used and original documentation in duplicate must be submitted, for example, 2 application forms, 2 transcripts, 2 letters of recommendation, etc. If you are submitting 2 applications, you must choose different elective choices and different dates per application. Only original documents will be accepted. Incomplete applications cannot be processed. Copies, faxes, or scanned documents will not be accepted.

Passport-size photo: Please attach 1 photo to your application in order to assist residents and attendings in recognizing you more quickly when completing your final evaluation. Please use clear tape to secure your photo to the application.

Application processing fee: There is no application fee for Partner students.

Dean’s Certification: Section II of the application must be completed and signed by your medical school Dean or designee. Only documents with an original signature and seal will be accepted. Incomplete forms will not be processed. Copies, faxes, or scanned documents will not be accepted.

Plagiarism policy: Any student found to have copied another student’s work, submitted a personal statement that was found on the internet or any other example where the student was not the author of documentation intended to be an original work, will be notified that they are ineligible for consideration. Their home school will be notified and they will no longer be eligible for any rotation at the Feinberg School of Medicine.

Personal Statement: please submit a personal statement (not more than one side of one page) describing your interest in your choice of elective(s) and your career goals. Please submit different and unique personal statements for each elective listed on your application(s). (3 elective choices = 3 personal statements). Please use the form provided.

What is a personal statement? “It is a concise essay about one's career goals, identified means to achieve them and accomplishments so far towards those goals.” (from Wikipedia) Please state in your own words why you wish to take a particular elective, what you can contribute to Northwestern, and how this elective will help your future career goals.

Personal statements found to be plagiarized from another student or the internet will result in the immediate rejection of your application. Please see the plagiarism policy above.

An official transcript: please submit a current, original, sealed transcript from your medical school’s Registrar’s office. Your transcript must show all grades or marks from the required core clerkships (Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery). Transcripts may be sent separately from your application. However, applications will be held and not processed until all required documents have been received by the application deadline. If a core clerkship grade/mark is unavailable, please include a supplementary letter from your Registrar's office explaining when you have or will complete the clerkship (specific dates must be mentioned) and why the
grade/mark is not listed. All core clerkships must be completed before you can begin an elective. Only original documents will be accepted. Copies, faxes, or scanned documents will not be accepted. The entire transcript must be submitted in ENGLISH. Translations will be considered official if they bear the signature of the Dean and school seal/stamp on each page. **If you are submitting 2 applications, the 2nd transcript may be a photocopy of the original.

**Letter of Recommendation:** One general letter of recommendation from a faculty member who has observed you clinically is required. **The letter must comment on your clinical abilities and performance, and must be in English.** Letters of good standing and/or Dean’s Letters are not appropriate substitutes. Some departments have specific letter of recommendation requirements. Please refer to the elective catalog for details. Only original documents will be accepted with a faculty member’s signature on official stationary. Copies, faxes, or scanned documents will not be accepted. LOR’S must be in ENGLISH.

**Curriculum Vitae:** please submit your most current CV. Your email address should be listed clearly on your CV.

**Universal Precautions training:** To fulfill line 3 on page 2 of the Global Partner application, all students must complete training in Universal Precautions. There is a training guide and a quiz on the Visiting student website-Global Partner page. Please read the materials, take the quiz, and submit only the completed quiz with your application.

**Health Insurance Portability and Accountability Act (HIPAA):** To fulfill line 4 on page 2 of the international application, all students must complete basic HIPAA training and submit proof with their application. There are many websites that provide basic HIPAA training. Do an internet search for “basic HIPAA training.” Please email the Visiting Student Programs Office if you are still unable to find one.

**Test of English as a Foreign Language (TOEFL):** Fluency in English is mandatory. In order to assure both your comfort during the clerkship and that of the patients, physicians and other health care workers with whom you will need to interact, we now require that you submit a TOEFL exam with minimum scores of:

<table>
<thead>
<tr>
<th>TOEFL test options</th>
<th>Minimum TOEFL scores*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internet-based test</strong></td>
<td></td>
</tr>
<tr>
<td>Listening</td>
<td>20</td>
</tr>
<tr>
<td>Reading</td>
<td>20</td>
</tr>
<tr>
<td>Writing</td>
<td>20</td>
</tr>
<tr>
<td>Speaking</td>
<td>24</td>
</tr>
<tr>
<td><strong>Internet-based Total</strong></td>
<td>84</td>
</tr>
<tr>
<td><strong>Computer-based Total</strong></td>
<td>223</td>
</tr>
<tr>
<td><strong>Paper-based Total</strong></td>
<td>563</td>
</tr>
</tbody>
</table>

**Students who score below our minimum requirements should contact the Visiting Student Programs Office with their scores prior to submitting an application.**

The TOEFL exam results must be current (taken within two years of submitting an application), and scores must be sent directly by the Educational Testing Service (ETS) to Northwestern University Feinberg School of Medicine using the Institutional code: 1547 (Medical Sch.; Chicago) and Departmental code: 00 or 99.

Although we now require the TOEFL from our Partner Institutions, the following Partner schools may be exempt from submitting official TOEFL scores (see list below). These students may instead submit an original letter signed by the Dean or Registrar which attests to the student’s proficiency with the English language specifically in the areas of speaking, reading, listening and writing. If you do have TOEFL scores, we encourage you to submit these as well.

- Universidad Panamericana
- Charité-Universitätsmedizin
- Karolinska Institutet
- Makerere University
- Stellenbosch University
- University of Jos
- Trinity College Dublin
- Royal College of Surgeons Dublin
**Immunization Form:** The Northwestern University immunization form must be completed by a personal physician or the home school health office in order for your application to be processed. Only an original signature will be accepted. Copies, faxes, or scanned copies of the NU immunization form will not be accepted. A substitute health form will not be accepted. Please attach the requested laboratory reports. **All health documentation must be submitted in ENGLISH.** Failure to do so will delay processing of your application.

**When to apply:** Summer months are extremely busy with visiting students from US medical schools in their search for residency opportunities. Chances of securing an acceptance during this time are very low. Winter and Spring blocks have more availability. **Electives within Internal Medicine are very limited throughout the entire year. Students are strongly encouraged to avoid choosing electives within Internal Medicine.**

**Application Procedures** - **FOR PARTNER STUDENTS ONLY:** Partner students are required to submit a hard copy of their application(s) a minimum of 2 months in advance of the earliest requested rotation block. The Visiting Student Programs Office will review your application and notify you via email if there are any missing or incorrect items. Your application will then be under review, and you will be notified of your placement as soon as possible.

**Visa requirements and deadlines:** Visiting student application processing takes time as does visa processing. Most International students will require a visa to rotate at Northwestern. It is your responsibility to plan accordingly and to apply far enough in advance to secure an acceptance from Northwestern and have ample time to apply for a visa. You will be required to have all travel plans and a visa secured no later than 2 weeks before your start date. Northwestern University is not responsible for visa processing. A visa invitation letter will be provided upon request after you have been accepted.

**For the purposes of this elective, a B-1 visa is required.** If you are from a visa waiver country, you must register in ESTA prior to making any final flight arrangements. Individuals who have or will enter the US for any other purpose (either business or pleasure) regardless of visa type cannot use this visa to rotate at Northwestern. You will be required to provide your I-94 form at registration and disclose the conditions of your admission into the US.

**Calendar:** Visiting students are required to follow the Northwestern calendar. Dates cannot be modified.

**Elective Availability:** Due to the daily fluctuation in add/drop requests, all electives are open unless noted in the individual elective description found in the Elective Catalog. Please list all 3 choices for electives to better your chances of being placed. Some electives are closed to visiting students during certain rotation blocks. Please refer to the elective catalog for details. Do not contact course directors or department heads. Do not inquire about availability. The Visiting Student Programs Office does not have information on openings. Spaces are not reserved and students are placed on a first-come, first serve basis.

**Elective Catalog:** In this catalog, you will find the offerings at Northwestern Memorial Hospital and Lurie Children’s Hospital, as well as other Northwestern affiliated sites. There is a course number (ex: AAA.XXXX.04.NMH) listed below the name of the rotation and description for each rotation offered. Please write the course number and rotation name on your application. Failure to include this information will only delay your application. Since rotations are 4 weeks in length, you may not rotate in the same elective for 8 weeks (for example, you may not rotate in Diagnostic Radiology for both Block 15 and Block 16). Length in electives cannot be modified.

**Acceptance:** In order to be fully accepted to our program, you must receive an acceptance letter from the Visiting Student Programs Office in the Office of Medical Education. An accepted student will receive an email notification of official acceptance with an attached letter in .pdf format. Approval from departments does not signify that you have been accepted to rotate. Registration is restricted to a maximum of eight weeks. Please submit the confirmation form to secure your elective (see website).

**Health requirements:** Any student entering a healthcare-related program, regardless of citizenship, must submit proof of a TB skin test or Quantiferon-Gold test done in the United States within six months prior to registration. **This is not required in order to apply, but will be required if you are accepted.** If you have rotated at another US medical school and have had either of these tests done within six months prior to review of your application, you may include this with your application. If this is not an option and you are accepted, you will have a Quantiferon-Gold test administered at Northwestern.
**Malpractice Insurance:** If your medical school does not provide coverage, Northwestern University will provide coverage for Global Partner visiting students at no cost.

**Health Insurance:** All visiting students must be covered by health insurance during the time they are rotating. Students must purchase the Northwestern University Visiting Scholar Health insurance plan for $188.00 for one rotation and $376.00 for two rotations. Additional charges will incur if your stay is longer. Do **not** send payment with your application. Payment for insurance is due after you are accepted, no later than 2 weeks prior to your start date. Travel Insurance is not accepted.

**Changes in electives:** Once a student has been scheduled to rotate, no change in elective choice or rotation block will be allowed. This policy cannot be overridden by a department or an attending.

**Late Arrivals:** We do not tolerate late arrivals. Rotations have specific start and end dates. If you cannot arrive on time for your rotation, you will need to cancel your rotation.

**Cancellations:** If you cannot attend a scheduled elective, you must notify the Visiting Student Programs Office by submitting a cancellation form (see website) **within 2 weeks of receipt of the acceptance email.** The Visiting Student Programs Office will then notify the department that you cannot attend. No re-scheduling of electives is permitted. **If you fail to notify the Visiting Student Programs Office within 2 weeks of receipt of the acceptance email, Northwestern will withdraw you from any future scheduled elective and your school will be notified.**
Incomplete applications will not be processed. Here is a checklist for your use:

<table>
<thead>
<tr>
<th>I understand all policies above and will submit all required documentation. Departments or attendings cannot override Feinberg School of Medicine policies or requirements. I have also reviewed the application procedures and policies as detailed in the FAQ on the Visiting Student website.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand the application deadlines and application procedures for Partner students. I have already submitted my application via email to the coordinator and have been instructed to submit it via postal mail.</td>
</tr>
<tr>
<td>I am aware of the plagiarism policy and confirm that I have not plagiarized any portion of my application.</td>
</tr>
<tr>
<td>I attached 1 passport-size photo to each application.</td>
</tr>
<tr>
<td>I understand that one application form is used per 4-week rotation block. To better my chances of securing an elective, I have listed 3 different elective choices and 4 different rotation periods per application. <strong>If you wish to rotate 8 weeks, two applications must be filled out with 3 different choices and different dates per application.</strong></td>
</tr>
<tr>
<td>I understand that I may apply for a maximum of 2 electives (4 weeks each).</td>
</tr>
<tr>
<td>I understand that if I am applying for two electives, 2 separate application forms must be filled out and original documentation in duplicate must be submitted (i.e., 2 transcripts, 2 letters of recommendation, etc.)</td>
</tr>
<tr>
<td>I understand that rotation dates may not be modified and that I must follow the Northwestern calendar.</td>
</tr>
<tr>
<td>My medical school Dean or designee filled out Section II of my application with an original signature and seal.</td>
</tr>
<tr>
<td>I have included a different &amp; unique personal statement for each elective choice listed on my application(s). Each is not more than of 1 side of 1 page in length. My personal statements are my own original work and I attest that everything I have written is true and factual.</td>
</tr>
<tr>
<td>I enclosed an official, current transcript that is sealed by my Registrar’s office. My transcript shows all grades from the required third year clerkships (Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery). If a grade/mark is missing, please submit a letter from your Registrar’s office stating why the grade/mark is not listed. <strong>My entire transcript has also been translated and submitted in ENGLISH.</strong></td>
</tr>
<tr>
<td>I enclosed a letter of recommendation in English, not a letter of good standing or Dean’s Letter. A letter of recommendation is required to apply and <strong>must be in ENGLISH.</strong> I have checked the elective catalog for additional departmental requirements.</td>
</tr>
<tr>
<td>I enclosed my most current curriculum vitae (CV).</td>
</tr>
<tr>
<td>I have enclosed the completed Universal Precautions quiz from the website and proof of Health Insurance Portability and Accountability Act (HIPAA) training.</td>
</tr>
<tr>
<td>I have requested that my TOEFL scores be sent by ETS to Northwestern University Feinberg School of Medicine using the Institutional code: 1547 (Medical Sch.; Chicago) and Departmental code: 00 or 99</td>
</tr>
<tr>
<td>I enclosed the Northwestern University Immunization form in original form and attached additional documentation/lab reports. It is filled out and signed by my personal physician or my school’s health office. I have submitted <strong>all documentation in English.</strong></td>
</tr>
<tr>
<td>I have checked the elective catalog for special departmental application requirements.</td>
</tr>
<tr>
<td><strong>I understand that incomplete applications will not be processed.</strong></td>
</tr>
<tr>
<td><strong>I understand that I must send original documentation to apply for an elective. Please send all completed applications to:</strong></td>
</tr>
</tbody>
</table>
| **Northwestern University Feinberg School of Medicine**  
**Visiting Student Programs Office**  
**Augusta Webster Office of Medical Education, Ward 1-003**  
**303 E. Chicago Avenue**  
**Chicago, IL 60611** |
SECTION I: To be completed by applicant. (Please type or print clearly)

Last Name: ___________________________  First Name: ___________________________  Gender:  M   F

Citizenship: ___________________________  Date of Birth: ___________________________ (mm/dd/yy)

Email address: ___________________________  Telephone number: ___________________________

Medical School: ___________________________  Country: ___________________________

Primary Mailing address

<table>
<thead>
<tr>
<th>Line 1</th>
<th>Line 2</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

City/State       | Country       | Postal Code

Emergency contact name & phone number:

Address of home school Registrar or equivalent (Dean, etc.):

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Name and Title of school official</th>
<th>Street address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street address (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

City/State       | Country       | Postal Code

Office use only

Rec’d: ___/_______/

○ App. form
○ Per. Statement
○ Transcript
○ LOR
○ CV
○ UP/HIPAA
○ TOEFL
○ Health form

Comp: ___/_______/____
By the time of my requested rotation, I will have completed core clerkships in: (list number of weeks)

I wish to apply for the following electives:
1st: Elective name: ___________________________________________________________ Course #: ______________________
2nd: Elective name: ___________________________________________________________ Course #: ______________________
3rd: Elective name: ___________________________________________________________ Course #: ______________________

Northwestern elective dates: (Rank your top choices in order (up to 5): 1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, etc.)

<table>
<thead>
<tr>
<th>SUMMER</th>
<th>WINTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ July 2, 2018– July 27, 2018 (Block 15)</td>
<td>___ January 7, 2019 – February 1, 2019 (Block 21)</td>
</tr>
<tr>
<td>___ July 30, 2018 – August 24, 2018 (Block 16)</td>
<td>___ February 4, 2019 – March 1, 2019 (Block 22)</td>
</tr>
<tr>
<td>___ September 4, 2018 – September 28, 2018 (Block 17)</td>
<td>___ March 4, 2019– March 29, 2019 (Block 23)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ October 1, 2018 – October 26, 2018 (Block 18)</td>
<td>___ April 1, 2019 – April 26, 2019 (Block 24)</td>
</tr>
<tr>
<td>___ October 29, 2018 – November 21, 2018 (Block 19)</td>
<td></td>
</tr>
<tr>
<td>___ November 26, 2018 – December 21, 2018 (Block 20)</td>
<td></td>
</tr>
</tbody>
</table>

Last Name:______________________________                   First Name:__________________________________

<table>
<thead>
<tr>
<th>SECTION II: To be completed by the Dean or designee of Student’s Medical School.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The above named student is in good standing at this school and is in the _____ th year of a ________ th year program.</td>
</tr>
<tr>
<td>2. The student will have completed the core clerkships mentioned above prior to the dates for which the elective is requested.</td>
</tr>
<tr>
<td>3. The student has completed training in the universal precautions for the handling of body fluids and sharp instruments. <strong>Proof of training is attached.</strong></td>
</tr>
<tr>
<td>4. The student has completed Health Insurance Portability and Accountability Act (HIPAA) training. <strong>Proof of training is attached.</strong></td>
</tr>
<tr>
<td>5. This student is proficient in the English Language and has taken the TOEFL exam within the past 2 years..</td>
</tr>
<tr>
<td>6. The student is authorized to take this clerkship for credit.</td>
</tr>
<tr>
<td>7. This student has an anticipated graduation date of (month) ___________ (day)________ (year)________</td>
</tr>
</tbody>
</table>

Signed:________________________________________________________  Date:_____________

Printed name: ___________________________________________Title:________________________________________

*Place School Seal Here*
Last Name: _______________________________ First Name: _______________________________

Applying to: Department: _____________________________ Elective: ___________________________

Personal Statement: (please type below or on separate page- maximum of 1 side of 1 page)

Please describe your interest in the rotation you are applying to and your future career goals. Describe what you hope to contribute to the program and what you hope to learn during your time here. **A unique personal statement is required for each elective listed on your application(s).**

I certify that this personal statement was written by me and is my own original work. All above statements are true and correct.

Student’s signature _____________________________________________ Date: ______________________
Please do not write below this line

Section III: Approval NUFSOM Visiting Student Programs

Signed: _____________________________ Date: _____________________________

Section IV: Approval by NUFSOM Elective Department

Your application for the elective ____________________________ course number ______________
has been approved for the dates: ____________________________ Block: ____________________________ (eg. Block 2)

You should report to:
Name: __________________________________ Phone/pager number: __________________________

Address: ________________________________________________________________________________

Building: ____________________________ Floor/room number ____________________________
Campus: □ NMH □ LCH □ Other: _____ Date: ________________ Time: __________

This student will need Powerchart viewing access: YES NO
This student will need Powerchart charting access: YES NO (training required)

Special Instructions: __________________________________________________________________________

Signed: _____________________________ Date: _____________________________
Northwestern University Feinberg School of Medicine
IMMUNIZATION FORM
VISITING STUDENT ELECTIVE PROGRAM

Immunization form instructions:

1. All visiting students must have a Northwestern University immunization form filled out by a healthcare provider. There are 4 pages total. Only Northwestern University forms will be accepted.

2. No other form may be substituted.

3. Follow all instructions and attach lab reports as requested. All applicants must attach a Hepatitis B laboratory report in English. Failure to do so will result in an incomplete application.

4. Do not leave any lines blank. If attaching lab reports, indicate you are doing so by circling the sentence “Must attach a copy of lab report in English.”

5. Your healthcare provider must sign the form where requested. A Dean or Registrar’s signature will not be accepted on the Immunization Form.

6. The student (applicant) must complete page 1 and sign page 3.

7. For page 4: A PPD skin test or chest x-ray or QuantiFERON –GOLD blood test done in the United States within the past 6 months will be accepted.

8. All health documentation (lab reports, etc.) must be in ENGLISH.

*GLOBAL PARTNER (INTERNATIONAL) STUDENTS ONLY:

9. If you are an international student, and have proof of a PPD skin test or chest x-ray or QuantiFERON –GOLD blood test done in the United States within the past 6 months, complete page 4.

10. If you are an international student and DO NOT have proof of a PPD skin test or chest x-ray or QuantiFERON –GOLD blood test done in the United States DO NOT submit page 4. If accepted, you will receive a QuantiFERON-GOLD blood test or chest x-ray at Northwestern.

11. TB test results performed in any country other than the United States will not be accepted. DO NOT SUBMIT page 4 if your TB test was performed in any country other than the United States.

**Failure to follow all instructions will result in an incomplete application.**
YOU MUST SUBMIT THIS FORM AND IMMUNIZATION/TB SKIN TEST VERIFICATION BEFORE YOU WILL BE PERMITTED TO START YOUR PROGRAM.

1. Complete Parts I-IV, in English.
2. Make sure to record your Name and Birthdate on top of all subsequent pages.
3. Have your healthcare provider complete and sign the Immunization Verification (Part II) and PPD (TB skin test) Recording (Part IV) sections, then return it to you. You should then review the form to make certain that your immunizations are up-to-date, that your healthcare provider has completed all sections properly, and that the form is signed and dated. Update any vaccinations as necessary. All submitted documentation MUST be in English.
4. Make a photocopy of all forms and mail the originals (Health Record, Immunization Verification, and PPD Recording Form) to the above address.

PART I – Student Demographics (Please print clearly or type)

Today’s Date: _____/_____/_______

Last Name: ________________________________________  First Name: ______________________________________  Middle Initial: ______

Birthdate (mm/dd/yyyy): _____/_____/_______   Gender (check one): ___Male ___Female

Street Address (Home): _______________________________________________________  Apt#: ___________ City: ______________________

State: ______________________________________ Country: ____________________  Zip/Postal Code: _______________________

Home Phone Number: (________) _________ -______________

Country of origin (if not USA): __________________________________

How long have you lived in the USA?: _____________________

E-MAIL ADDRESS: ___________________________________________________

INDICATE YEAR ENTERING UNIVERSITY: 20   What term? ___Fall ___Winter ___Spring ___Summer

Have you ever rotated at NU before? ___Yes ___No   If so, when? _______________

Have you ever attended Northwestern full-time? ___No ___Yes -- which campus? ___Evanston ___Chicago

List dates & programs attended full-time: ___________________________________________________________________

Name of Parent(s), Spouse, or Guardian: ___________________________________________ Relationship(to student): _____________

Address: ___________________________________________ City/State: _____________ Postal/Zip: _____________

Country: __________________________ Phone: (_______)_______-__________ Alternate Phone: (_______)_______-__________

Email Address: __________________________

Is this person(s) your emergency contact? ___Yes ___No   If “No”, please provide emergency contact information below:

Name of Emergency Contact: ___________________________________________ Relationship(to student): _____________

Address: ___________________________________________ City/State: _____________ Postal/Zip: _____________

Country: __________________________ Phone: (_______)_______-__________ Alternate Phone: (_______)_______-__________
**PART II – IMMUNIZATION VERIFICATION**

This section (including any attached reports) must be completed by your healthcare provider and signed at the end of the section for the information to be valid under Illinois law. A health care provider is a physician licensed to practice medicine (M.D. or D.O.), a Licensed Nurse, or a Public Health Official. Since you will attend school in Illinois, you are required to meet Illinois requirements, which may differ from your state or country. IF A HEALTH CARE PROVIDER DOES NOT SIGN AND DATE AT BOTTOM, ANY DATES LISTED WILL NOT BE VALID.

**THE FOLLOWING ITEMS ARE REQUIRED FOR ALL FULL-TIME STUDENTS** (Dates must be MM/DD/YYYY format):

### MEASLES (Rubella): ONE of the following options is required.

1. **2 doses of live attenuated virus (MMR accepted) given on or after the 1st birthday, at least 28 days apart, and after 1-1-68. MUST LIST AT LEAST 2 DATES.**
   - Date of dose #1: __/__/____
   - Date of dose #2: __/__/____
2. **Were either of these doses MMR vaccines? If so, which dose(s) (1 or 2)?**
3. **Confirmation by physician’s records of disease history and date of conclusive diagnosis.**

### MUMPS: ONE of the following options is required.

1. **1 dose of live attenuated virus (MMR accepted) given on or after the 1st birthday and after 1-1-68.**
   - Date of dose: __/__/____
2. **Confirmation by physician’s records of disease history and date of conclusive diagnosis.**
3. **Positive mumps serology ------- Must attach a copy of laboratory report in English.**

### RUBELLA (German Measles): ONE of the following options is required.

1. **Receipt of 1 dose of live rubella vaccine (MMR accepted) on or after the 1st birthday and after 1-1-69. Illness is NOT accepted for Rubella as immunity.**
   - Date of dose: __/__/____
2. **Positive rubella serology ------- Must attach a copy of laboratory report in English.**

### TETANUS/DIPHTHERIA:

Include as many Dates (Primary Series and Booster Dose) as available

Primary series of 3 or more doses of either DPT, DT, or Td vaccine at intervals not less than 0, 1, & 7 months. At least three dates preferred. *(Please note—Tetanus toxoid (without Diphtheria toxoid) is not acceptable per State of Illinois law!)*

- **Date of last dose:** __/__/____

### HEPATITIS B: Serology results required.

Positive serology for Hepatitis B surface antibody (10 IU/L or greater) done at least 4 weeks after third (or fourth) dose of vaccine. ------- Must attach a copy of laboratory report in English.

Include Dates of Vaccine if available, but dates ALONE will NOT satisfy this requirement.

### VARICELLA (CHICKEN POX): One of the following options is required.

1. **2 doses of live attenuated virus given at least 28 days apart**
   - Date of dose #1: __/__/____
   - Date of dose #2: __/__/____
2. **Confirmation by physician’s records of disease history and date of conclusive diagnosis.**
3. **Positive varicella serology ------- Must attach a copy of laboratory report in English.**

### RECOMMENDED for all students: MENINGOCOCCAL (THIS IS NOT A REQUIREMENT!!)

1. **1 dose of meningococcal vaccine within 3 years of registration.**
   - Date of dose: __/__/____

*PPD (TB skin test) information recorded on page 4 (Part IV) of this form.*

---

Health care provider information and signature (Required)

<table>
<thead>
<tr>
<th>Name of health care provider (PRINTED)</th>
<th>Title (Physician, Nurse, etc.)</th>
<th>Signature of health care provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

Street Address | City/State | Zip | Phone number
<table>
<thead>
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<tbody>
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</tbody>
</table>

Address Stamp

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Northwestern University Feinberg School of Medicine

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303 E. Chicago Ave., Ward 1-003 | Chicago, IL. 60611

08/07 abh
Exemptions from Vaccine requirements may be made for the following circumstances:

• **Medical Contraindications:** a written, signed and dated statement from a healthcare provider stating the vaccine(s) that is(are) contraindicated, the medical condition or circumstances that contraindicates such immunization(s), and duration of the medical condition that prevents administering the vaccine(s). This statement will not be accepted if it does not meet the standards of care at Northwestern University.

• **Religious Exemption:** a written, signed, and dated statement from the church, student or the student’s parent or guardian, if the student is a minor, documenting their objection based upon religious tenets or practice of a recognized church or religious organization, of which the student is an adherent or member. Please request and complete the “Religious Waiver and Release” form.

• **Pregnancy or Suspected Pregnancy:** a signed statement from a physician stating that the student is pregnant or is suspected of being pregnant. Pregnancy exemptions are only applicable to Measles, Mumps, Rubella, and Varicella requirements.

• **Age Exemption:** persons born before January 1, 1957 are considered immune from Measles, Mumps and Rubella.

Anyone with a Vaccination Exemption may be excluded from the University campus(es) in the event of a Measles, Mumps, Rubella, Diphtheria, or Varicella outbreak in accordance with Public Health Regulations.

**PART III – PERMISSION FOR TREATMENT BY NORTHWESTERN UNIVERSITY HEALTH SERVICE**

All students are advised to always carry their NU identification cards and the name, address, and policy number of their medical insurance. Northwestern University reserves the right to have any student admitted to the University examined by a Health Service physician. Please sign and date the following.

**PERMISSION FOR TREATMENT OF PERSONS AGE 18 YEARS AND OVER**

If you are 18 years of age or older and have completed the medical history sections, Parts II & III, then you must sign this section of the form.

*No treatment will be provided if a signed permission for treatment form is not on file at the Health Service.*

I certify that the foregoing information is true and complete to the best of my knowledge. I realize that the information that I have given in the medical history section is confidential and for the use of the Health Service staff. I give permission to Northwestern University to furnish such diagnostic, therapeutic, voluntary immunization, and operative procedures and transportation as may be deemed necessary on my behalf. I am 18 years of age or older. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as to the result of treatment or examination by the Health Service staff.

__Student’s Signature__  
__Date__

**DO NOT WRITE BELOW THIS LINE—FOR HEALTH SERVICE USE ONLY!**

**NUHS Staff -- Record review of compliance with entrance requirements in this section**

Date processed (mm/dd/yyyy): ______/_____/_________  
By (initials): ___________  
COMPLIANT w/requirements? _____YES _____NO

If “NO”, Please indicate deficiency below:

<table>
<thead>
<tr>
<th>Health History</th>
<th>Rubella</th>
<th>PPD</th>
<th>Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permission</td>
<td>DT Booster</td>
<td>PPD Visit (5-9mm result)</td>
<td>Hep B Vaccine-- #</td>
</tr>
<tr>
<td>Measles #1 #2</td>
<td>DT series: __ #1 __ #2</td>
<td>Chest X-Ray</td>
<td>Hep B Titer</td>
</tr>
<tr>
<td>Mumps</td>
<td>TB Screening</td>
<td>+PPD, Physician Visit</td>
<td>Provider Signature</td>
</tr>
</tbody>
</table>

Notes: __________________________________________________________________________

Date student notified of compliance status: ______/_____/_________  
By (initials): ___________

Method of notification: _____Email _____Postcard

Date of compliance: ______/_____/_________  
Record updated by (initials): ___________

Student complete until: ______/_____/_________
Part IV - PPD (TB skin test) Recording

All students in a healthcare-related program (e.g. Medical, Prosthetics-Orthotics, PT) must show proof or have a PPD. PPD’s (TB skin test) must be done in the USA within 6 months prior to registration at Northwestern and MUST be read by a health care provider within 48-72 hours of administration to be valid.

Tests done outside the USA will not be accepted.

Last Name (student): ___________________________ First Name: _______________________

Date of Birth (MM/DD/YYYY): ______________________

Health Care Provider’s Section:

This section MUST be completed and signed by a licensed health care provider. Please provide the information below:

Date test administered (MM/DD/YYYY): ______________________

Date test read (MM/DD/YYYY): ______________________

Reading/Result in millimeters induration: ________________

If reading is 5 – 9mm, please ask student the following questions (Circle “Yes” or “No”):

1) History of an abnormal chest x-ray? Yes  No
2) History of TB exposure? Yes  No
3) History of Immune Suppression? Yes  No

If reading is 10mm or greater, student must provide a report of a chest x-ray done in the USA within 6 months prior to registration at Northwestern, and are required to meet with a University Health Service physician.

Name of health care provider (printed): ______________________________

Signature of provider ___________________________ Date

Provider’s phone number: (________)______________________

Address of provider/clinic (or address stamp):