



VACCINATION DOCUMENTATION WORKSHEET

For Use with DS-2053

To Be Completed by Panel Physician Only

OMB No. 1405-0113
EXPIRATION DATE: xx/xx/xxxx
ESTIMATED BURDEN: 20 minutes
(See Page 2 - Back of Form)

Name (Last, First, MI.)			Exam Date (mm-dd-yyyy)	REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS NOT REQUIRED FOR REFUGEE APPLICANTS NOTE FOR PANEL PHYSICIANS: For refugee applicants, please complete only if reliable vaccination documents are available.
Birth Date (mm-dd-yyyy)	Passport Number	Alien (Case) Number		

1. Immunization Record

Vaccine	Vaccine History Transferred From a Written Record (List Chronologically from Left to Right)				Vaccine Given by Panel Physician (mm-dd-yyyy)	Completed Series (✓ if Completed, Write "VH" if Varicella History, or write Date of Lab Test if Immune)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate, Check Suitable Box(es) Below				
	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)			Not Age Appropriate	Insufficient Time Interval	Contra- indicated	Not Routinely Available	Not Fall (Flu) Season
DT/DTP/DTaP											
Td											
Polio (OPV/IPV)											
Measles (or MR or MMR)											
Mumps (or MMR)											
Rubella (or MR or MMR)											
Rotavirus											
Hib (Haemophilus Influenzae Type B)											
Hepatitis A											
Hepatitis B											
Meningococcal											
Human papillomavirus											
Varicella											
Pneumococcal											
Influenza											

2. Results

- Vaccine History Incomplete
- Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as Indicated Above).
- Applicant will request an individual waiver based on religious or moral convictions.
- Vaccine history complete for each vaccine, all requirements met (Documented Above).
- Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.

3. Panel Physician (Name) _____

Panel Physician (Signature) _____

Date (mm-dd-yyyy) _____

PRIVACY ACT NOTICE

AUTHORITIES: This information is sought pursuant to Section 212(a), 212(d), 101, and 412(b)(4) and (5) of the Immigration and Nationality Act.

PURPOSE: The primary purpose for soliciting medical information is to determine whether an applicant is eligible to obtain a visa and alien registration. This form is designed to record the result of the medical examination required by INA 221(d), which determines whether an applicant has a medical condition that renders the applicant ineligible under INA Section 212(a).

ROUTINE USES: The information solicited on this form may be made available to the U.S. Department of Homeland Security for disclosure to the Centers for Disease Control and Prevention and to the U.S. Public Health Service. The information provided also may be released to federal agencies for law enforcement, counter-terrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies of certain personnel and records management matters.

Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of burden and recommendations for reducing it to : the U.S. Department of State (A/ISS/DIR) Washington, DC 20520-1849.