For Use in Canada Only

VACCINATION DOCUMENTATION MEDICAL WORKSHEET TWO

				For Use with	Main Medical Fo	rm	To B	e Completed	by Panel Physician	Only			
Name (Last, First, MI.)						Exam Date <i>(mm-dd-yyyy)</i>			REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS				
Birth Date (mm-dd-yyyy)		Passport Number			Alien (<i>Case</i>) Number				NOT REQUIRED FOR REFUGEE APPLICANTS NOTE FOR PANEL PHYSICIANS: For refugee applicants, please complete only if reliable				
1. Immunization Record	1. Immunization Record vaccination documents are available.												
Va	ologically from	sferred From a Written Record ically from Left to Right)			6	mpleted Series / if Completed, e "VH" if Varicella		Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate, Check Suitable Box(es) Below					
Vaccine	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-vvvv)	Date Received (mm-dd-vvvv)	Panel Physician (<i>mm-dd-yyyy</i>)	Hist	b Test if Immune)	Not Age Appropriate	Insufficient Time Interval	Contra- indicated	Not Routinely Available	Not Fall <i>(Flu)</i> Season	
Specify (<i>check</i>) vaccine:		,											
Specify (<i>check</i>) vaccine:													
Specify (<i>check</i>) vaccine:													
Specify (<i>check</i>) vaccine: MMR (Measles-Mumps- Rubella) Rubella													
Specify (<i>check</i>) vaccine: Measles Measles - Rubella													
Specify (<i>check</i>) vaccine: Mumps Mumps - Rubella													
Rotavirus													
Hib													
Hepatitis A													
Hepatitis B													
Meningococcal													
Human papillomavirus													
Varicella													
Zoster													
Pneumococcal													
Influenza													
2. Results Vaccine History Incomplete Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as Indicated Above). 3. Panel Physician (Name) 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.													