

# VACCINATION DOCUMENTATION MEDICAL WORKSHEET TWO

For Use with Main Medical Form

To Be Completed by Panel Physician Only

Name (Last, First, MI.)			Exam Date (mm-dd-yyyy)	<b>REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS</b>  <b>NOT REQUIRED FOR REFUGEE APPLICANTS</b>  <b>NOTE FOR PANEL PHYSICIANS:</b> 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	
Specify (check) vaccine: <input type="checkbox"/> DT <input type="checkbox"/> DTP <input type="checkbox"/> DTaP												
Specify (check) vaccine: <input type="checkbox"/> Td <input type="checkbox"/> Tdap												
Specify (check) vaccine: <input type="checkbox"/> Polio -OPV <input type="checkbox"/> IPV												
Specify (check) vaccine: <input type="checkbox"/> MMR (Measles-Mumps-Rubella) <input type="checkbox"/> Rubella												
Specify (check) vaccine: <input type="checkbox"/> Measles <input type="checkbox"/> Measles - Rubella												
Specify (check) vaccine: <input type="checkbox"/> Mumps <input type="checkbox"/> Mumps - Rubella												
Rotavirus												
Hib												
Hepatitis A												
Hepatitis B												
Meningococcal												
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)** \_\_\_\_\_