



VACCINATION DOCUMENTATION WORKSHEET

For Use with DS-2053 or DS-2054

To Be Completed by Panel Physician Only

Name (Last, First, MI.)		Exam Date (mm-dd-yyyy)
Birth Date (mm-dd-yyyy)	Passport Number	Alien (Case) Number

REQUIRED FOR U.S.

NOT REQUIRED FOR

NOTE FOR PANEL PHYSICIAN
For refugee applicants, a separate vaccination documentation form is required.

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 Medically Appropriate, Check	
	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
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)

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing existing data sources, gathering the necessary documentation, providing the information and/or documents, reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please write to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

CONFIDENTIALITY STATEMENT:

AUTHORITIES: The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of State in its diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to the courts provided the court certifies that the information contained in such records is needed in a case pending before the court.

PURPOSE: The U.S. Department of State uses the facts you provide on this form primarily to determine your eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may prevent the processing of your case.

ROUTINE USES: If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to state and local courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce laws.