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U.S. Department of State

# VACCINATION DOCUMENTATION WORKSHEET

To Be Completed by Panel Physician Only  
For US Vaccination Requirements

OMB No. 1405-0113  
EXPIRATION DATE: XX/XX/XXXX  
ESTIMATED BURDEN: 20 minutes  
(See Page 2 of 2)

## GIVE COPY TO APPLICANT

Surnames		Given Names		Birth Date (mm-dd-yyyy)	Exam Date (mm-dd-yyyy)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.
Document Type		Document Number		Case or Alien Number		

**1. Vaccination Record**  
Vaccine History Transferred From a Written Record  
*List Chronologically from Left to Right. Provide date as mm-dd-yyyy*

Vaccine	Date	Date	Date	Date	Date	For Designated Refugees Only: Additional Vaccine Given by Panel Site*		Test for Immunity Positive	Indicate reason below. Mark all that apply (see legend): A, B, C, D, F, H
Diphtheria, tetanus, pertussis <input type="checkbox"/> DTP, DTaP									
<input type="checkbox"/> DT									
<input type="checkbox"/> Td									
<input type="checkbox"/> Tdap									
Polio <input type="checkbox"/> OPV									
<input type="checkbox"/> IPV									
Measles, mumps, rubella <input type="checkbox"/> MMR									
<input type="checkbox"/> Measles									
<input type="checkbox"/> Mumps									
<input type="checkbox"/> Rubella									
Rotavirus <input type="checkbox"/> RotaTeq (RV5)									
<input type="checkbox"/> Rotarix (RV1)									
Hib									
Hepatitis A									
Hepatitis B									
Meningococcal <input type="checkbox"/> MCV4									
<input type="checkbox"/> Other MCV conjugate									
Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Varicella History									
Pneumococcal <input type="checkbox"/> PCV 7									
<input type="checkbox"/> PCV 10									
<input type="checkbox"/> PCV 13									
<input type="checkbox"/> PPSV 23									
Influenza									
Other									

Vaccine	Date	Date	Date	Date	Date	For Designated Refugees Only: Additional Vaccine Given by Panel Site*		Test for Immunity Positive	Indicate reason below. Mark all that apply (see legend): A, B, C, D, F, H
Diphtheria, tetanus, pertussis <input type="checkbox"/> DTP, DTaP									
<input type="checkbox"/> DT									
<input type="checkbox"/> Td									
<input type="checkbox"/> Tdap									
Polio <input type="checkbox"/> OPV									
<input type="checkbox"/> IPV									
Measles, mumps, rubella <input type="checkbox"/> MMR									
<input type="checkbox"/> Measles									
<input type="checkbox"/> Mumps									
<input type="checkbox"/> Rubella									
Rotavirus <input type="checkbox"/> RotaTeq (RV5)									
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Hib									
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Hepatitis B									
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Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Varicella History									
Pneumococcal <input type="checkbox"/> PCV 7									
<input type="checkbox"/> PCV 10									
<input type="checkbox"/> PCV 13									
<input type="checkbox"/> PPSV 23									
Influenza									
Other									

**2. Vaccination Documentation**  
(Mark one)

<input type="checkbox"/> Immigrant Visa or Parolee applicant completed vaccination requirements	<input type="checkbox"/> Immigrant Visa applicant refuses vaccination (Class A)
<input type="checkbox"/> K Visa applicant voluntarily completed vaccination requirements	<input type="checkbox"/> Immigrant Visa applicant requested Adoptee Exemption
	<input type="checkbox"/> Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions
	<input type="checkbox"/> Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements
	<input type="checkbox"/> K Visa applicant electing not to be vaccinated at this examination
	<input type="checkbox"/> Other NIV applicant not required to meet vaccination requirements

**3. Panel Physician Name (printed)** \_\_\_\_\_

I attest I performed this examination or supervised completion of this form and have an agreement with the Department of State.

Panel Physician signature \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

\* Only for designated refugees enrolled in the Vaccination Program for U.S.-bound Refugees  
 Refugee declines to receive vaccinations

**Blanket waiver legend:** A Not age appropriate B Insufficient time interval to complete series  
 C Contraindicated D Not routinely available F Flu vaccine not available H Known chronic hepatitis B virus infection

**4. Contraindications to vaccination**

If a vaccination was contraindicated, mark which contraindications were present (mark all that apply)

- Current pregnancy
- Immune compromised
- History of severe allergic reaction to vaccine or vaccine component
- Other severe reaction to vaccine
- Current moderate to severe illness
- Other, specify: \_\_\_\_\_

**5. Remarks**

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**6. Panel Physician Initials**

**Date (mm-dd-yyyy)**

**PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS**

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA\_BurdenComments@state.gov

**CONFIDENTIALITY STATEMENT**

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. The U.S. Department of State uses the information provided on this form to determine an individual's eligibility for a U.S. visa. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws. Although furnishing this information is voluntary, individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa or experience processing delays.