

Photo



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 <i>List Chronologically from Left to Right. Provide date as mm-dd-yyyy</i> | Vaccine Given By Panel Site | For Designated Refugees Only: Additional Vaccine Given by Panel Site* <input type="checkbox"/> Refugee/V93 Declines | Test for Immunity Positive | Indicate reason below. |
| | | | | Mark all that apply (see legend): |

| Vaccine | Date | Date | Date | Date | Date | Date | Date | Date | 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 | | | | | | | | | |
| <input type="checkbox"/> TT | | | | | | | | | |
| 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 MenACWY Conjugate (specify brand in remarks) | | | | | | | | | |
| Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Varicella History | | | | | | | | | |
| Pneumococcal <input type="checkbox"/> PCV 10 | | | | | | | | | |
| <input type="checkbox"/> PCV 13 | | | | | | | | | |
| <input type="checkbox"/> PPSV 23 | | | | | | | | | |
| Influenza | | | | | | | | | |
| Other | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Blanket waiver legend: **A** Not age appropriate **B** Insufficient time interval to complete series **C*** Contraindications (C1-C6, see below) **D** Not available in-country
F Flu vaccine not available **H** Known chronic hepatitis B virus infection

Contraindications (record in blanketwaiver column): **C1** Current pregnancy; **C2** Immune compromised; **C3** History of severe allergic reaction to vaccine or vaccine component; **C4** Other severe reaction to vaccine; **C5** Current moderate to severe illness; **C6** Other, specify in remarks

2. Vaccination Documentation (Mark one)

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

3. Panel Physician Name (printed) _____

Panel Physician signature

Date (mm-dd-yyyy)

I attest that I reviewed the vaccine history, ordered vaccinations, completed or supervised completion of this form, and have an agreement with the Department of State.

4. Remarks

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 60 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

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