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)*

Document Type	Document Number	Case or Alien Number

Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.

Indicate reason below.

Mark all that apply (see legend):

A, B, C*, D, F, H

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	Vaccine Given By Panel Site: Date	For Designated Refugees Only: Additional Vaccine Given by Panel Site* ☐ **Refugee/V93 Declines**: Date	Date	Test for Immunity Positive: Date
Diphtheria, tetanus, pertussis ☐ DTP, DTaP								
☐ DT								
☐ Td								
☐ Tdap								
☐ TT								
Polio ☐ OPV								
☐ IPV								
Measles, mumps, rubella ☐ MMR								
☐ Measles								
☐ Mumps								
☐ Rubella								
Rotavirus ☐ RotaTeq (RV5)								
☐ Rotarix (RV1)								
Hib								
Hepatitis A								
Hepatitis B								
Meningococcal MenACWY Conjugate (specify brand in remarks)								
Varicella ☐ Vaccine ☐ Varicella History								
Pneumococcal ☐ PCV 10								
☐ PCV 13								
☐ 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** Historyof severe allergic reaction to vaccine or vaccine component; **C4** Other severe reaction to vaccine; **C5** Current moderate to severe illness; **C6** Other, specifyin remarks

2. Vaccination Documentation (*Mark one*)

- ☐ Immigrant Visa or Parolee applicant completed vaccination requirements
- ☐ K Visa applicant voluntarily completed voccination 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) _____ 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.	Panel Physician signature	Date *(mm-dd-yyyy)*

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

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 immigrant, nationality, and other laws of the United States. The U.S. Department of State uses the information provided on this form primarily 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, counter terrorism 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 cause processing delays.