U.S. Department of State

VACCINATION DOCUMENTATION WORKSHEET

For Use with DS-2053 — To Be Completed by Panel Physician Only

OMB No. 1405-0113
EXPIRATION DATE: 1/31/2004
ESTIMATED BURDEN: 30 minutes
(See Page 2 - Back of Form)

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

REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS

NOT REQUIRED FOR REFUGEE APPLICANTS

NOTE FOR PANEL PHYSICIANS:
For refugee applicants, please complete only if reliable vaccination documents are available

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
DT/DTP/DTaP											
Td											
Polio (OPV/IPV)											
Measles (or MR or MMR)											
Mumps (or MMR)											
Rubella (or MR or MMR)											
Hib *(Haemophilus influenzae type b)*											
Hepatitis B											
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)* _____

Give copy to applicant