



VACCINATION DOCUMENTATION WORKSHEET

For Use with DS-2053

To Be Completed by Panel Physician Only

pds no. 88888

Name (Last, First, MI)

Birth Date (mm-dd-yyyy)

Passport Number

Alien (Case) Number

Exam Date (mm-dd-yyyy)

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 <i>(list chronologically from left to right)</i>				Vaccine Given by Panel Physician <i>(mm/dd/yyyy)</i>	✓ Completed Series <i>(if completed, write "YH" if varicella history, or write date of lab test if immune)</i>	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate, Check Suitable Box(es) Below							
	Date received <i>(mm/dd/yyyy)</i>	Date received <i>(mm/dd/yyyy)</i>	Date received <i>(mm/dd/yyyy)</i>	Date received <i>(mm/dd/yyyy)</i>			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 (<i>Haemophilus influenzae type b</i>)														
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)

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