



VACCINATION DOCUMENTATION WORKSHEET

OMB No. 1405-0113
EXPIRATION DATE: 04/30/2012
ESTIMATED BURDEN: 30 minutes
(See Page 2 of 2)

For Use with DS-2053 or DS-2054 To Be Completed by Panel Physician Only

Name (Last, First, MI.)		Exam Date (mm-dd-yyyy)		REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS	
Birth Date (mm-dd-yyyy)		Alien (Case) Number		NOT REQUIRED FOR REFUGEE APPLICANTS	
Passport Number		Vaccine History Transferred From a Written Record (List Chronologically from Left to Right)		NOTE FOR PANEL PHYSICIANS: For refugee applicants, please complete only if reliable vaccination documents are available.	
Vaccine	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (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
Specify (check) vaccine: <input type="checkbox"/> DT <input type="checkbox"/> DTP <input type="checkbox"/> DTaP Specify (check) vaccine: <input type="checkbox"/> Td <input type="checkbox"/> Tdap Specify (check) vaccine: <input type="checkbox"/> Polio - OPV <input type="checkbox"/> IPV Specify (check) vaccine: <input type="checkbox"/> MMR (Measles-Mumps-Rubella) <input type="checkbox"/> Rubella Specify (check) vaccine: <input type="checkbox"/> Measles <input type="checkbox"/> Measles - Rubella Specify (check) vaccine: <input type="checkbox"/> Mumps <input type="checkbox"/> Mumps - Rubella Rotavirus Hib Hepatitis A Hepatitis B Meningococcal Human papillomavirus Varicella Zoster Pneumococcal Influenza					Not Age Appropriate Insufficient Time Interval Contra-indicated Not Routinely Available Not Fall (Flu) Season
2. Results <input type="checkbox"/> Vaccine History Incomplete <input type="checkbox"/> Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as Indicated Above). <input type="checkbox"/> Applicant will request an individual waiver based on religious or moral convictions. <input type="checkbox"/> Vaccine history complete for each vaccine, all requirements met (Documented Above). <input type="checkbox"/> 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) _____	

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

Public reporting burden for this collection of information is estimated to average 30 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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

CONFIDENTIALITY STATEMENT:

AUTHORITIES: The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States 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. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

PURPOSE: The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

ROUTINE USES: If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. 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.