



VACCINATION DOCUMENTATION WORKSHEET

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

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 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

Vaccine	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	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							
							Not Age Appropriate	Insufficient Time Interval	Contra-indicated	Not Routinely Available	Not Fall (Flu) Season			
Specify (check) vaccine: <input type="checkbox"/> DT <input type="checkbox"/> DTP <input type="checkbox"/> DTaP														
Specify (check) vaccine: <input type="checkbox"/> Td <input checked="" type="checkbox"/> Tdap	01.21.2014							✓						
Specify (check) vaccine: <input type="checkbox"/> Polio -OPV <input type="checkbox"/> IPV									✓ next due 10 yrs					
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	11.09.1989													
Specify (check) vaccine: <input type="checkbox"/> Mumps <input type="checkbox"/> Mumps - Rubella		01.14.2014												
Rotavirus														
Hib								✓						
Hepatitis A								✓						
Hepatitis B								✓						
Meningococcal								✓						
Varicella								✓						
Pneumococcal						VH								
Influenza	01.21.2014							✓						✓ due in the fall.

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)

DR. CEMILTON, M.D.

Panel Physician (Signature)

[Signature]

Date (mm-dd-yyyy)

01.27.2014