

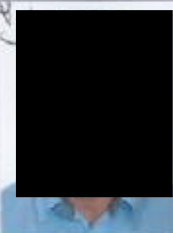


U.S. Department of State
VACCINATION DOCUMENTATION WORKSHEET

To Be Completed by Panel Physician Only
 For US Vaccination Requirements

OMB No. 1405-0113
 EXPIRATION DATE: 09/30/2017
 ESTIMATED BURDEN: 30 minutes
 (See Page 2 of 2)

GIVE COPY TO APPLICANT



Name (Last, First, MI)	Birth Date (mm-dd-yyyy)	Exam Date (mm-dd-yyyy)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.
Passport Number	Alien (Case) Number		

Vaccine	Date				Vaccine Given By Panel Site	For Designated Refugees Only. Additional Vaccine Given by IOM*		Test for Immunity	Indicate reason below. Mark all that apply (see legend)
	Date	Date	Date	Date		Date	Date		
Diphtheria, tetanus, pertussis									
<input type="checkbox"/> DT, DTP, DTaP									
<input checked="" type="checkbox"/> Td	09-04-2014	11-11-2014	01-14-2015						
<input checked="" type="checkbox"/> Tdap					09-24-2015				
Polio									A
<input type="checkbox"/> OPV									
<input type="checkbox"/> IPV									
Measles, mumps, rubella									
<input checked="" type="checkbox"/> MMR	12-11-2013								
<input checked="" type="checkbox"/> Measles	05-26-2015								
<input type="checkbox"/> Mumps									
<input checked="" type="checkbox"/> Rubella	05-26-2015								
Rotavirus									A
<input type="checkbox"/> RotaTeq (RV5)									
<input type="checkbox"/> Rotarix (RV1)									
Hib									A
Hepatitis A									A
Hepatitis B	05-17-2012	06-18-2012	11-20-2012						
Meningococcal									
<input type="checkbox"/> MCV4									
<input type="checkbox"/> Other MCV conjugate									A
Varicella									
<input checked="" type="checkbox"/> Vaccine	12-11-2013	03-11-2014							
<input type="checkbox"/> Varicella History									
Pneumococcal									
<input type="checkbox"/> PCV 7									A
<input type="checkbox"/> PCV 10									
<input type="checkbox"/> PCV 13									
<input type="checkbox"/> PPSV 23									
Influenza	09-04-2014								F
Other									

2. Summary for Immigrant Visa Applicants

US vaccination requirements COMPLETE (Requesting a Blanket Waiver)

US vaccination requirements NOT Complete:

Requesting Individual Waiver based on religious or moral convictions

Requesting Adoptee Exemption

Applicant refuses vaccinations

3. Panel Physician Name (printed) Juliana Barbosa Cançado, M.D. Panel Physician signature Date (mm-dd-yyyy) 09-25-2015

I attest I performed this examination and have an agreement with the Department of State or supervised completion of this form. I am the same Panel Physician that signs the DS 2054.

* Only for designated refugees in special IOM vaccination program

Blanket waiver legend: A Not age appropriate B Influenza time interval to complete C Contraindicated D Not routinely available E Not flu season H Known chronic hepatitis B virus infection

DS-3025 09-2014 Please complete Page 2 Page 1 of 2



[Redacted]

[Redacted]

[Redacted]