

VACCINATION DOCUMENTATION WORKSHEET

To Be Completed by Panel Physician Only
For US Vaccination Requirements

OMB No. 1405-0113
EXPIRATION DATE: 10/31/2020
ESTIMATED BURDEN: 20 minutes
(See Page 2 of 2)



GIVE COPY TO APPLICANT

Surnames	Given Names	Birth Date (mm-dd-yyyy)	Exam Date(mm-dd-yyyy)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.
Document Type	Document Number	Case or Alien Number		

1. Vaccination Record

Vaccine History Transferred From a Written Record
List Chronologically from Left to Right. Provide date as mm-dd-yyyy

Vaccine	Date	Date	Date	Date	Date	Date	Date	Date	Indicate reason below. Mark all that apply (see legend):
Diphtheria, tetanus, pertussis <input type="checkbox"/> DTP, DTaP <input type="checkbox"/> DT <input type="checkbox"/> Td <input checked="" type="checkbox"/> Tdap									D
Polio <input type="checkbox"/> OPV <input type="checkbox"/> IPV									A
Measles, mumps, rubella <input checked="" type="checkbox"/> MMR <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella					05-18-2018				B
Rotavirus <input type="checkbox"/> RotaTeq (RV5) <input type="checkbox"/> Rotarix (RV1)									A
Hib									A
Hepatitis A									A
Hepatitis B									A
Meningococcal <input type="checkbox"/> MCV4 <input type="checkbox"/> Other MCV conjugate									A
Varicella <input checked="" type="checkbox"/> Vaccine <input type="checkbox"/> Varicella History					05-18-2018				B
Pneumococcal <input type="checkbox"/> PCV 7 <input type="checkbox"/> PCV 10 <input type="checkbox"/> PCV 13 <input type="checkbox"/> PPSV 23									D
Influenza									
Other									

2. Vaccination Documentation
(Make one)

- | | |
|---|--|
| <input type="checkbox"/> Immigrant Visa or Parolee applicant completed vaccination requirements | <input type="checkbox"/> Immigrant Visa applicant refuses vaccination (Class A) |
| <input checked="" type="checkbox"/> K Visa applicant voluntarily completed vaccination requirements | <input type="checkbox"/> Immigrant Visa applicant requested Adoptee Exemption |
| | <input type="checkbox"/> Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions |
| | <input type="checkbox"/> Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements |
| | <input type="checkbox"/> K Visa applicant electing not to be vaccinated at this examination |
| | <input type="checkbox"/> Other NIV applicant not required to meet vaccination requirements |

3. Panel Physician Name (printed)

I attest I performed this examination or supervised completion of this form and have an agreement with the Department of State.

Panel Physician signature	Date(mm-dd-yyyy)
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* Only for designated refugees enrolled in the Vaccination Program for U.S.-bound Refugees
 Refugee declines to receive vaccinations
DS-3025
05-2017

Blanket waiver legend: A Not age appropriate B Insufficient time interval to complete series
C Contraindicated D Not routinely available F Flu vaccine not available H Known chronic hepatitis B virus infection

Please complete Page 2