

1. Vaccination Record					Vaccine Given By Panel Site	For Designated Refugees Only: Additional Vaccine Given by Panel Site*		Test for Immunity Positive	Indicate reason below. Mark all that apply (see legend): A, B, C, D, F, H
Vaccine History Transferred From a Written Record List Chronologically from Left to Right. Provide date as mm-dd-yyyy						Date	Date		
Diphtheria, tetanus, pertussis									
<input type="checkbox"/>	DTP, DTaP	03/24/98	05/28/99	09/27/99	01/17/00				A
<input type="checkbox"/>	DT								A
<input checked="" type="checkbox"/>	Td	08/13/98	06/09/99	05/06/03	03/05/05				A B
<input type="checkbox"/>	Tdap								A
Polio									
<input type="checkbox"/>	OPV								A
<input type="checkbox"/>	IPV								A
Measles, mumps, rubella									
<input checked="" type="checkbox"/>	MMR	07/05/90	05/27/97		03/05/2005				B
<input type="checkbox"/>	Measles								
<input type="checkbox"/>	Mumps								
<input type="checkbox"/>	Rubella			05/06/03					
Rotavirus									
<input type="checkbox"/>	RotaTeq (RV5)								D
<input type="checkbox"/>	Rotarix (RV1)								D
Hib									
Hepatitis A									
Hepatitis B									
Meningococcal									
<input type="checkbox"/>	MCV4								A
<input type="checkbox"/>	Other MCV conjugate								D
Varicella									
<input type="checkbox"/>	Vaccine								
<input checked="" type="checkbox"/>	Varicella History								
Pneumococcal									
<input type="checkbox"/>	PCV 7								
<input type="checkbox"/>	PCV 10								
<input type="checkbox"/>	PCV 13								
<input type="checkbox"/>	PPSV 23								
Influenza									
Other									

**2. Vaccination Documentation**  
(Mark one)

Immigrant Visa or Parolee applicant completed vaccination requirements

K Visa applicant voluntarily completed vaccination requirements

Immigrant Visa applicant refuses vaccination (Class A)

Immigrant Visa applicant requested Adoptee Exemption

Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions

Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements

K Visa applicant electing not to be vaccinated at this examination

Other NIV applicant not required to meet vaccination requirements

**3. Panel Physician Name (printed)** S. Schubert

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

Panel Physician Signature: [Signature] Date (mm-dd-yyyy): 01/18/18

\* Only for designated refugees enrolled in the Vaccination Program for U.S.-bound Refugees

Refugee declines to receive vaccinations

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