



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: 10/31/2020
ESTIMATED BURDEN: 20 minutes
(See Page 2 of 2)

GIVE COPY TO APPLICANT

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Surname(s)	Given Name(s)	Birth Date (mm-dd-yyyy)	Exam Date (mm-dd-yyyy)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.
		11.15.1964	01.06.2020	
Document Type Passport	Document Number	Case or Alien Number RDJ 2019.794.016		Indicate reason below. Mark all that apply (see legend):

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):
									A, B, C, D, F, H
Diphtheria, tetanus, pertussis									
<input type="checkbox"/> DTP, DTaP									
<input type="checkbox"/> DT									
<input checked="" type="checkbox"/> Td BOOST	9.22.18								
<input type="checkbox"/> Tdap									
Polio									
<input type="checkbox"/> OPV									A
<input type="checkbox"/> IPV									
Measles, mumps, rubella									
<input checked="" type="checkbox"/> MMR	4.28.06	9.6.19							
<input type="checkbox"/> Measles									
<input type="checkbox"/> Mumps									
<input type="checkbox"/> Rubella									
Rotavirus									
<input type="checkbox"/> RotaTeq (RV5)									A
<input type="checkbox"/> Rotarix (RV1)									
Hib									
Hepatitis A									A
Hepatitis B	8.15.98	2000	4.3.02						A
Meningococcal									
<input type="checkbox"/> MCV4									A
<input type="checkbox"/> Other MCV conjugate									
Varicella									
<input type="checkbox"/> Vaccine <input checked="" 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									
Other y. fever	8.29.18								F (2020)

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)

Aurelio Garrido

Panel Physician signature

Date (mm-dd-yyyy)

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

[Signature]

01.06.2020

* 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