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	Vaccine Given By Panel Site: Date	Refugees/V93 Only: Additional Vaccine Given by Panel Site* Date	Test for immunity Positive: Date	Indicate reason below. Mark all that apply (see legend): A, B, C*, D, F, H
Diphtheria, tetanus, pertussis								
[ ] DTP, DTaP								B
[ ] DT								
[ ] Td								
[X] Tdap					09-25-2024			
[ ] TT								
Polio								
[ ] OPV								D
[ ] IPV								
Measles, mumps, rubella								
[X] MMR					09-25-2024			
[ ] Measles								
[ ] Mumps								
[ ] Rubella								
Rotavirus								
[ ] RotaTeq (RV5)								A
[ ] Rotarix (RV1)								
Hib								A
Hepatitis A								A
Hepatitis B					09-25-2024			B
Meningococcal MenACWY Conjugate (*specify brand in remarks*)								A
Varicella [X] Vaccine [ ] Varicella History					09-25-2024			B
Pneumococcal								
[ ] PCV 10								A
[ ] PCV 13								
[ ] PPSV 23								
Influenza					09-25-2024			B
COVID-19 (*specify brand in remarks*)	08-29-2022	09-21-2022						
Other								

Blanket waiver legend: A Not age appropriate B Insufficient time interval to complete series C* Contraindications (*C1-C6, see below*) D Not available in-country F Flu vaccine not available H Known chronic hepatitis B virus infection

Contraindications (*record in blanket/waiver column*): C1 Current pregnancy; C2 Immune compromised; C3 History of severe allergic reaction to vaccine or vaccine component; C4 Other severe reaction to vaccine; C5 Current moderate to severe illness; C6 Other, specify in remarks

2. Panel Physician Name (printed) Randan Ungan, MD

Panel Physician Signature

Date (*mm-dd-yyyy*) 09-25-2024

I attest that I reviewed the vaccine history, ordered vaccinations, completed or supervised completion of this form, and have an agreement with the Department of State.

3. Vaccination Documentation (*Mark one*)

- [ ] Immigrant Visa or Parolee applicant completed vaccination requirements
- [x] K Visa applicant voluntarily completed vaccination requirements
- [ ] Immigrant Visa applicant refused 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

4. Remarks

Comirnaty Pfizer BioNTech: 09-21-2022, 08-29-2022

Panel Physician Initials	**Date** *(mm-dd-yyyy)*
HM	09-25-2024