

**1. Vaccination Record**

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

Vaccine Given By Panel Site

Refugees/V93 Only: Additional Vaccine Given by Panel Site\*

Test for Immunity Positive

Indicate reason below.

Mark all that apply (see legend):

Vaccine	Date	Date	Date	Date	Date	Date	Date	Date	A, B, C*, D, F, H
Diphtheria, tetanus, pertussis <input checked="" type="checkbox"/> DTP, DTaP	11-13-1990	01-11-1991	03-14-1991	03-19-1992					
<input checked="" type="checkbox"/> DT	07-12-1994								
<input type="checkbox"/> Td									
<input checked="" type="checkbox"/> Tdap	02-25-2005	08-12-2021							
<input type="checkbox"/> TT									
Polio <input type="checkbox"/> OPV									
<input type="checkbox"/> IPV	11-13-1990	01-11-1991	03-14-1991	03-19-1992					
Measles, mumps, rubella <input checked="" type="checkbox"/> MMR					09-13-2024				
<input type="checkbox"/> Measles									
<input type="checkbox"/> Mumps									
<input type="checkbox"/> Rubella									
Rotavirus <input type="checkbox"/> RotaTeq (RV5)									A
<input type="checkbox"/> Rotarix (RV1)									A
Hib									A
Hepatitis A	01-10-2012								A
Hepatitis B					09-13-2024				A
Meningococcal MenACWY Conjugate (specify brand in remarks)									B
Varicella <input type="checkbox"/> Vaccine <input checked="" type="checkbox"/> Varicella History									A
Pneumococcal <input type="checkbox"/> PCV 10									A
<input type="checkbox"/> PCV 13									A
<input type="checkbox"/> PPSV 23									A
Influenza Other Covid-19									
Menigokokken C	06-19-2000								

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 blanketwaiver column): C1 Current pregnancy; C2 Immune compromised; C3 Allergic reaction to component; C4 Other severe reaction to vaccine; C5 Current moderate to severe illness; C6 Other, specify

**2. Panel Physician Name (printed)**

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.

DS-3025  
03-2020

Please complete Page 2

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

- Immigrant Visa or Parolee applicant completed vaccination requirements
- 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**

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Panel Physician Initials



Date (mm-dd-yyyy)

09-13-2024

**PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS**

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA\_BurdenComments@state.gov

**CONFIDENTIALITY STATEMENT**

**AUTHORITIES:** The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may, in the discretion of the Secretary of State, be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

**PURPOSE:** The U.S. Department of State uses the information provide on this form primarily to determine an individual's eligibility for a U.S. visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of an individual visa application.

**ROUTINE USES:** The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws. More information on the Routine Uses for this collection can be found in the System of Records Notice State-39, Visa Records.