



VACCINATION DOCUMENTATION WORKSHEET

For Use with DS-2053

To Be Completed by Panel Physician Only

Name (Last, First, MI)		Exam Date (mm-dd-yyyy)		REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS	
Birth Date (mm-dd-yyyy)		Passport Number		NOT REQUIRED FOR REFUGEE APPLICANTS	
		Alien (Case) Number		NOTE FOR PANEL PHYSICIANS: For refugee applicants, please complete only if reliable vaccination documents are available	

1. Immunization Record

Vaccine History Transferred From a Written Record
(list chronologically from left to right)

Vaccine Given
by
Panel Physician
(mm/dd/yyyy)

✓
Completed Series
(if completed, write "VH"
if varicella history, or write
date of lab test if immune)

Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate,
Check Suitable Box(es) Below

Vaccine	Date received (mm/dd/yyyy)	Date received (mm/dd/yyyy)	Date received (mm/dd/yyyy)	Date received (mm/dd/yyyy)	Vaccine Given by Panel Physician (mm/dd/yyyy)	Completed Series (if completed, write "VH" if varicella history, or write date of lab test if immune)	Not age appropriate	Insufficient time interval	Contra- indicated	Not routinely available	Not fall (flu) season
DT/DTP/DTaP											
Td											
Polio (OPV/IPV)											
Measles											
Mumps (or MMR)											
Rubella (or MR or MMR)											
Hib (Haemophilus influenzae type b)											
Hepatitis B											
Varicella											
Pneumococcal											
Influenza											

2. Results

- Vaccine history incomplete
- Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as indicated above).
- Applicant will request an individual waiver based on religious or moral convictions.
- Vaccine history complete for each vaccine, all requirements met (documented above).
- Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.

3. Panel Physician (name) _____

Panel Physician (signature) _____

Date (mm/dd/yyyy) _____

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR) Washington, DC 20520-1849.

We ask for the information on this form in the case of applicants for immigrant visas to determine medical eligibility under INA Sections 212(a) and 221(d) and as required by INA Section 212(g)(2). If an immigrant visa is issued, you will convey this form to the INS for disclosure to the Center for Disease Control and the Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If your Immigrant visa is not issued, this form will be treated as confidential under INA Section 222(f).