

# **CDC IMMIGRATION REQUIREMENTS:**

## **Technical Instructions for Vaccination**

**2007**



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## Preface

On September 30, 1996, the U.S. Congress amended the Immigration and Nationality Act (INA) by adding to the health-related grounds of inadmissibility a new subsection, “Proof of Vaccination Requirements for Immigrants.” This new subsection requires any person who seeks an immigrant visa to show proof of having received vaccination against vaccine-preventable diseases as recommended by the U.S. Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunizations, including safe and effective vaccination schedules. Updated ACIP recommendations are available at CDC’s National Center for Immunization and Respiratory Diseases (NCIRD) website: <http://www.cdc.gov/vaccines>

The instructions in this document supersede all previous vaccination-related “Technical Instructions,” “Updates to the Technical Instructions” and memoranda and letters to panel physicians. These instructions are to be followed for vaccination requirements for all U.S. immigrant visa applicants.

CDC’s Division of Global Migration and Quarantine (DGMQ) staff is available for consultation on issues related to vaccination requirements for immigration and can be reached at 001-404-498-1600.

## Significant Changes in the Vaccination Requirements

Rotavirus vaccine, hepatitis A vaccine, meningococcal vaccine, human papillomavirus vaccine, and zoster vaccine have been added as age-appropriate to the vaccination requirements.

Hepatitis B vaccine is required through 18 years of age.

Influenza vaccine is required for children ages 6–59 months.

Acellular pertussis-containing vaccines have been developed for persons ages 10–64 years.

Significant changes to the immigration vaccination requirements since the last revision of the “Technical Instructions to Panel Physicians for Vaccination Requirements” are—

- Rotavirus vaccine should be given orally to children 2 through 6 months of age.
- Hepatitis A vaccine should be given to children 12 through 23 months of age.
- Meningococcal conjugate vaccine, specifically tetravalent meningococcal conjugate vaccine (MCV4) should be given to persons 11 through 18 years of age. Meningococcal polysaccharide vaccine (MPSV) or other forms of meningococcal conjugate vaccine (e.g., monovalent MCV) is an acceptable alternative if MCV4 is not available.
- Human papillomavirus vaccine should be given to females 11 through 26 years of age.
- Zoster vaccine should be given to persons 60 years of age or older.
- Hepatitis B vaccine should be given from birth through 18 years of age.
- Influenza vaccine should be given annually to children 6 through 59 months of age. It continues to be required for adults 50 years of age or older.
- Acellular pertussis-containing vaccines are available for use in persons at least 10 years of age. The adolescent and adult formulation of tetanus and diphtheria toxoid and acellular pertussis (Tdap) vaccine is given as a single (booster) dose for persons 10 through 64 years of age who have completed the recommended childhood diphtheria and tetanus toxoids and the pertussis/diphtheria and tetanus toxoids and acellular pertussis (DTP/DTaP) vaccine series.

Further information and updates on the required vaccines is available at DGMQ’s website, <http://www.cdc.gov/ncidod/dq/health.htm> and NCIRD’s website, <http://www.cdc.gov/vaccines>.

## Procedure for Vaccination Assessment Status

The following instructions and accompanying tables are based on recommendations by ACIP and have been developed to provide guidance to panel physicians performing the medical examinations and assessments of vaccination status.

**Determine the age of each applicant.**

**Review each applicant's medical history and records.**

**Determine the vaccines each applicant needs.**

**Assess contraindications and precautions.**

**Assess each applicant's laboratory needs.**

## Vaccination Requirements for Immigrant Visa Applicants

All immigrant applicants must be assessed for vaccination requirements (Table 1). The panel physician must review all vaccination records presented by the applicant during this process and record the vaccination assessment results on the U.S. Department of State Vaccination Documentation Worksheet (DS-3025). Those vaccines required based on the applicant's age must be administered. If the applicant had previously received a dose or doses of a required vaccine but had not completed the series, then the next required dose should be administered according to standard recommendations. The recommended schedule for vaccine administration is shown in Table 2.

The panel physician may refer the applicant to another health-care provider to have the required vaccinations administered. In such a case, the panel physician must not complete the form until the applicant returns with a written record from the referral health-care provider that notes the vaccines administered and the dates of administration.

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If the panel physician administers the vaccines, he/she must screen the applicant for contraindications and discuss with the applicant any potential adverse reactions. After administering any needed vaccines, the panel physician must complete the DS-3025 and provide a copy of the completed form to the applicant for his or her personal records. After the applicant has received the required vaccinations and the DS-3025 has been completed, the applicant has fulfilled the immigration vaccination requirements.

Because completion of the vaccine series often requires several months, immigrant visa applicants are not required to have received all doses of the ACIP-recommended vaccines prior to departure. Rather, they are required to have received at least one dose of each recommended vaccine, and they are encouraged to receive as many additional doses as possible. It is important that the panel physician stress the need for the applicants to complete the series after arrival in the United States.

### **Review Vaccination Records**

The panel physician should encourage the applicant to submit all available written records of vaccination history for review. These records can include records from the applicant's country of origin, and for refugees, records of vaccination from refugee camps or countries of asylum. For applicants who need a medical examination but who do not need to receive vaccinations, panel physicians must complete the DS-3025 if reliable documents are available (see DGMQ's website at: <http://www.cdc.gov/ncidod/dq/dsforms> for additional instructions).

### **Vaccination Documentation**

Acceptable vaccination documentation must come from a vaccination record, either a personal vaccination record or a copy of the medical chart record with entries made by a physician or other appropriate medical personnel. Self-reported doses of vaccines without written documentation are not acceptable. Only those records of doses of vaccines that include the dates of receipt (month, day, and year) are acceptable. The document must not appear to have been altered, and dates of vaccinations should seem reasonable.

### **Vaccination Documentation for Refugees and Non-Immigrant Applicants**

The U.S. Citizenship and Immigration Services (USCIS) has determined that the vaccination requirements do not apply to refugees and non-immigrants, such as V or K visa applicants, at the time of their initial admission to the United States. However, refugees and V and K visa holders must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the United States (one year or more after arrival). Therefore, for refugee applicants, panel physicians must complete a U.S. Department of State Vaccination Documentation Worksheet (DS-3025) if reliable documents are available.

### **Vaccination Documentation for Adoptees**

USCIS has determined that the vaccination requirements do not apply to adopted children 10 years of age or younger provided that the adoptive parent, prior to the child's admission, signs an affidavit

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stating that the parent is aware of the vaccination requirements and will ensure that the child will receive the required vaccinations within 30 days of the child's arrival in the United States.

If the adopted child has a history of vaccinations, the panel physician must complete the DS-3025 form if reliable vaccination documents are available.

### **Vaccinations Received Outside the United States**

Most vaccines used worldwide are from reliable local or international manufacturers; it is reasonable, therefore, to assume that any vaccine received by an applicant was of adequate potency. However, the vaccination schedules should be consistent with those recommended in the United States.

## Identify Any Past or Present Condition That Might Be a Contraindication or Precaution to Vaccination

Vaccines should not be administered when a contraindication, such as severe allergic reaction to a vaccine component, is present.

Live vaccines should not be administered to pregnant women and severely immunosuppressed persons.

The panel physician should identify any condition that might be a contraindication or precaution for the administration of a vaccine. A contraindication is a condition in a recipient which is likely to result in a life-threatening problem if the vaccine is given. A precaution is a condition in a recipient that might increase the chance of a serious adverse reaction if the vaccine is administered, or a condition that might compromise the ability of the vaccine to produce immunity.

### General contraindications for the administration of a vaccine:

- Severe (anaphylactic) allergic reaction to a vaccine component or following a prior dose of a vaccine
- Severely immunocompromised conditions are a contraindication for receiving live attenuated vaccines: measles-mumps-rubella (MMR), oral poliovirus, varicella, zoster, intranasal influenza
- Pregnancy is a contraindication for receiving live attenuated vaccines: MMR, oral poliovirus, varicella, zoster, intranasal influenza
- Encephalopathy not due to another identifiable cause is a contraindication if it occurs within 7 days of pertussis vaccination

The following conditions are **not contraindications** for the administration of a vaccine:

- Mild to moderate local reactions to a previous dose of vaccine
- Mild acute illness (e.g., low-grade fever, upper respiratory infection, diarrhea)
- Recovering from an illness
- Pregnancy for receiving tetanus and diphtheria toxoids (Td) vaccine, tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine, inactivated influenza vaccine, or hepatitis B vaccine
- Breastfeeding
- Antimicrobial therapy
- Tuberculin skin testing

Some **precautions** to vaccination include:

- Any of the following after a previous dose of DTP/DTaP:
  - Fever  $\geq 40.5^{\circ}\text{C}$  ( $\geq 105^{\circ}\text{F}$ ) that is not attributed to another identifiable cause occurring within 48 hours after vaccination.



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- Collapse or shock-like state (that is, a hypotonic-hyporesponsive episode) occurring within 48 after vaccination.
- Persistent, inconsolable crying lasting 3 hours or more and occurring within 48 hours after vaccination.
- Convulsions with or without fever occurring within 3 days after vaccination.
- Moderate to severe acute illness (e.g., high-grade fever).

In general, vaccines are deferred when a precaution condition is present. If the decision to defer a vaccine is reached, the condition should be recorded as a medical condition on the DS-3025. Contraindications and precautions to specific vaccines are shown in Table 3. For pregnant women, contraindications and precautions are shown in Table 4.

## Laboratory Support

Laboratory evidence of immunity is acceptable for measles, mumps, rubella, hepatitis A, hepatitis B, polio and varicella.

The panel physician should obtain a good history of acute, vaccine-preventable diseases, including measles, mumps, rubella, and varicella, from the applicant to identify any naturally acquired diseases for optional laboratory confirmation. An applicant who provides a reliable written or oral history of varicella disease does not require laboratory confirmation or further vaccination.

Laboratory evidence of immunity is acceptable for the following diseases: measles, mumps, rubella, hepatitis A, hepatitis B, polio, and varicella (the latter is only necessary when a history of varicella disease is questionable).

Acceptable tests for the presence of antibodies are U.S. Food and Drug Administration (FDA)-approved kits, Clinical Laboratory Improvement Amendments (CLIA)-certified kits, or kits approved by similar agencies outside the United States. In the use of any approved kits, the manufacturer's guidelines or instructions must be followed (e.g., a kit should be discarded that is past its expiration date or has not been maintained according to the manufacturer's directions). Standard precautions in drawing blood (e.g., use of disposable gloves and sterile needles) and appropriate needle disposal must also be followed.

## Procedure for Completing the Vaccination Documentation Worksheet (Form DS-3025)

The panel physician is responsible for—

- Completing the applicant identification information.
- Copying the dates of all acceptable documented vaccinations from written records under “Part 1. Immunization Record” in the appropriate “Date received” of DS-3025. Any vaccine administered by the panel physician is to be indicated in the “Vaccine Given by Panel Physician” section of DS-3025.
  - Doses should be recorded chronologically (month, day, and year as numbers corresponding to mm/dd/yyyy), from left to right.
- Completing the vaccination series.
  - If the applicant has completed the vaccination series, the “Completed Series” box for each vaccine must be checked on DS-3025.
  - If as a result of a laboratory test, the applicant is identified as fully immune, the month, date, and year of the test must be written in the “Completed Series” box for each applicable vaccine.
  - If a reliable written or oral history of varicella disease is given, “VH” (varicella history) must be written in the “Completed Series” box for varicella.
- Reviewing any incomplete vaccination series to determine if eligible for a blanket waiver.

A blanket waiver is a waiver that is applied uniformly to a group of conditions and does not require a separate waiver application or fee to be filed with USCIS. In many cases, it might not be medically appropriate to administer a dose of a particular vaccine. Five “Not Medically Appropriate” categories are acceptable when determining an applicant’s eligibility for a blanket waiver.

The five “Not Medically Appropriate” categories are—

- Not age appropriate  
For each vaccine for which administration is not age appropriate, the “Not age appropriate” waiver box must be checked. For all applicants, this box will need to be checked for at least one vaccine. For example, infants and adults do not need meningococcal vaccine, and adults do not need *Haemophilus influenzae* type b vaccine.
- Insufficient time interval between doses  
If the minimum time interval between the last documented dose and the next required dose has not passed, the “Insufficient time interval” waiver box for that vaccine must be checked.  
If administration of the single dose of a vaccine at the time of the medical examination does not complete the series for that vaccine, the “Insufficient time

interval” waiver box must be checked to indicate that additional doses will be needed to complete the series for that vaccine.

- **Contraindication**

If an applicant has contraindications to specific vaccines as shown in Table 3, the “Contraindication” waiver box for that vaccine must be checked.

- **Not routinely available**

When the required vaccine is not licensed or not routinely available in the country where the medical examination is performed, the “Not routinely available” waiver box must be checked.

- **Not fall (flu) season**

As indicated in Table 1, influenza vaccine is required during the influenza (flu) season. The flu season usually occurs during fall and continues through early spring in temperate areas. Influenza occurs throughout the year in tropical areas. The influenza vaccine might be available only during the flu season. Therefore, if that is the case, the “Not fall (flu) season” waiver box must be checked at other times of the year.

- **Completing “Part 2. Results.”**

After reviewing entries in “Part 1. Immunization Record” for all the vaccines, the appropriate box under “Part 2. Results” must be checked.

- **Vaccination history incomplete: Applicant may be eligible for blanket waiver(s).**

Completion of a vaccine series is not required to conclude the medical examination because such a requirement would require multiple visits to a panel physician and could lead to unnecessary delay in the immigration process. If any of the boxes under the “Not Medically Appropriate” heading was checked, the “Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as indicated above)” box must also be checked. This box will probably always be checked because some vaccines may not be age appropriate for the applicant.

- **Vaccine history incomplete: Applicant will request a waiver based on religious or moral convictions.**

If an applicant objects to vaccination based on religious or moral convictions, the “Applicant will request an individual waiver based on religious or moral convictions” box must be checked. This is not a blanket waiver, and the applicant will have to submit a waiver request to USCIS.

- **Vaccine history complete for each vaccine.**

If the applicant has met the vaccination requirements, i.e., completed the series for all required vaccines, the “Vaccine history complete for each vaccine, all requirements met” box must be checked.

- Applicant does not meet immunization requirements.

If an applicant's vaccine history is incomplete and the applicant refuses administration of a single dose of any required vaccine that is medically appropriate for the applicant, the "Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested" box must be checked.

- Completing "Part 3. Panel Physician".

The panel physician should review the entire DS-3025 for completeness and accuracy before signing the document. The document must be legible, and all names and dates must be either printed or typed. The panel physician's signature on this document signifies the reliability of the document to the best of the physician's knowledge. The signature should be an original or a stamp of the panel physician's signature.

The primary intent of this document is for presentation to USCIS to meet immigration vaccination requirements. However, an extra copy must be provided to the applicant, since it is an important vaccination record that might be used later by other health-care providers, schools, and other institutions. In addition to the completed DS-3025, a copy of vaccination records provided by the applicant to the panel physician should be attached.

## Infection Control and Safety Issues

Proper handling and storage of vaccines are important to ensure the potency of vaccines. If vaccines are not properly handled or stored, their potency is reduced, and they may not produce immunity.

A checklist of essential information on appropriate equipment and standard operating procedures is available at DGMQ's website: <http://www.cdc.gov/ncidod/dq/health.htm>. Additional guidance can also be found in CDC's NCIRD website: <http://www.cdc.gov/vaccines/pubs/vac-mgt-book.htm>.

## Counseling and Resources

The panel physician must counsel all applicants who do not have a complete series for a vaccine to seek a private physician before or after resettlement in the United States who can assist the applicant in becoming fully vaccinated.

## Advisory Committee on Immunization Practices (ACIP) Statements

ACIP statements are published in the *Morbidity and Mortality Weekly Report* (MMWR) periodically. Copies of specific articles can be obtained by using the NCIRD website at <http://www.cdc.gov/vaccines> and selecting "Recommendations & Guidelines" in the NCIRD sub-sites.

## **Epidemiology and Prevention of Vaccine-Preventable Diseases**

The book *Epidemiology and Prevention of Vaccine-Preventable Diseases* provides an overview of vaccine-preventable infectious diseases and the corresponding vaccines. It serves as a useful companion to the ACIP statements. The appendices provide considerable information and are an invaluable aid for identifying search tools and other resources. This book and other immunization materials are available at <http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm>

**Table 1: Requirements for routine vaccination of immigrants examined overseas who are not fully vaccinated or lack documentation.**

Vaccine	Age						
	Birth–1 month	2–11 months	12 months–6 years	7–10 years	11–17 years	18–64 years	≥65 years
DTP/DTaP/DT	NO	YES		NO			
Td/Tdap	NO			YES, ≥7 years old (for Td); 10–64 years old (for Tdap)			
Polio (IPV/OPV)	NO	YES				NO	
MMR	NO		YES, if born in 1957 or later			NO	
Rotavirus	NO	YES 2–6 months old	NO				
Hib	NO	YES 2–59 months old		NO			
Hepatitis A	NO		YES 12–23 months old	NO			
Hepatitis B	YES, through 18 years old					NO	
Meningococcal (MCV/MPSV)	NO			Yes 11–18 years old		NO	
Human papillomavirus	NO			YES, for females 11–26 years old		NO	
Varicella	NO		YES				
Zoster	NO					YES, ≥60 years old	
Pneumococcal	NO	YES, 2–59 months old (for PCV)		NO			YES (for PPV)
Influenza	NO		YES, 6–59 months old (annually each flu season)		NO		YES, ≥50 years old (annually each flu season)

DTP=diphtheria and tetanus toxoids and pertussis vaccine; DTaP=diphtheria and tetanus toxoids and acellular pertussis vaccine; DT=pediatric formulation diphtheria and tetanus toxoids; Td=adult formulation tetanus and diphtheria toxoids; Tdap=adolescent and adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (Boostrix for persons 10–18 years old; Adacel for persons 11–64 years old); IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); MMR=combined measles, mumps, rubella vaccine; Hib=*Haemophilus influenzae* type b conjugate vaccine MCV=meningococcal conjugate vaccine; MPSV=meningococcal polysaccharide vaccine; PCV=pneumococcal conjugate vaccine; PPV=pneumococcal polysaccharide vaccine.

**Table 2: Vaccine schedule for routine vaccinations.**

Vaccine	Vaccine Schedule
DTP/DTaP/DT	<ul style="list-style-type: none"> <li>• DTP/DTaP: Dose #2 and #3 given 4–8 weeks after previous dose. Dose #4 given 6–12 months after #3. Dose #5 given at least 6 months after #4. If dose #4 given on or after 4 years of age, dose #5 not needed.</li> <li>• DT: If dose #1 given at &lt;12 months of age, give four doses. If dose #1 given <math>\geq</math>12 months of age, give three doses.</li> </ul>
Td/Tdap	<ul style="list-style-type: none"> <li>• Td: Dose #2 given 4–8 weeks after #1. Dose #3 given 6–12 months after #2. Booster dose every 10 years after initial series of three doses.</li> <li>• A one-time Tdap may be substituted for any dose in the series.</li> </ul>
Polio (IPV/OPV)	<ul style="list-style-type: none"> <li>• All doses separated by at least 4 weeks. If dose #3 given on or after 4 years of age, dose #4 not needed.</li> </ul>
MMR	<ul style="list-style-type: none"> <li>• Dose #1 given at 12–15 months of age. Dose #2 at 4–6 years of age or at least 4 weeks after dose #1.</li> <li>• Two doses at least 4 weeks apart for <math>\leq</math>18 years of age.</li> </ul>
Rotavirus	<ul style="list-style-type: none"> <li>• Dose #2 and #3 given 4–8 weeks after previous dose.</li> <li>• Do not give on or after 32 weeks of age.</li> </ul>
Hib	<ul style="list-style-type: none"> <li>• For ages 15–59 months, give only one dose.</li> <li>• HibTITER (HbOC) and ActHib (PRP-T): Dose #2 and #3 given 4–8 weeks after previous dose. For ages 2–6 months, give three doses, followed by a booster dose at least 8 weeks after last dose. For ages 7–11 months, give 2 doses, followed by a booster dose at least 8 weeks after last dose.</li> <li>• PedvaxHIV (PRP-OMP): Dose #2 given 4–8 weeks after #1. For ages 2–11 months, give two doses, followed by a booster dose at least 8 weeks after last dose. For ages 12–14 months, give two doses.</li> </ul>
Hepatitis A	<ul style="list-style-type: none"> <li>• At least 6 months between two doses.</li> </ul>
Hepatitis B	<ul style="list-style-type: none"> <li>• At least 4 weeks between dose #1 and #2. At least 8 weeks between dose #2 and #3. At least 16 weeks between dose #1 and #3.</li> </ul>
Meningococcal (MCV/MPSV)	<ul style="list-style-type: none"> <li>• One-time dose to 11–18 years of age.</li> </ul>
Human papillomavirus	<ul style="list-style-type: none"> <li>• Dose #2 given 8 weeks after #1. Dose #3 given 16 weeks after #2.</li> </ul>
Varicella	<ul style="list-style-type: none"> <li>• If &lt;13 years of age, dose #2 given at least 3 months after #1.</li> <li>• If <math>\geq</math>13 years of age, dose #2 given 4–8 weeks after #1.</li> </ul>
Zoster	<ul style="list-style-type: none"> <li>• On-time dose to <math>\geq</math>60 years of age.</li> </ul>
Pneumococcal	<ul style="list-style-type: none"> <li>• Pneumococcal conjugate (PCV): For age <math>\leq</math>6 months, give three doses 4–8 weeks apart, followed by dose #4 at 12–15 months of age. For ages 7–11 months, give two doses 4–8 weeks apart, followed by dose #3 at 12–15 months of age. For ages 12–23 months, give two doses at least 8 weeks apart if history of 0–1 dose given before age 12 months; give one dose at least 8 weeks after previous dose if history of 2–3 doses given before age 12 months. For ages 24–59 months, give one dose.</li> <li>• Pneumococcal polysaccharide (PPV): One-time dose for <math>\geq</math>65 years of age.</li> </ul>
Influenza	<ul style="list-style-type: none"> <li>• Two doses separated by at least 4 weeks for 6–59 months of age.</li> <li>• One dose every year each flu (fall or winter) season for <math>\geq</math>50 years of age.</li> </ul>



DTP=diphtheria and tetanus toxoids and pertussis vaccine; DTaP=diphtheria and tetanus toxoids and acellular pertussis vaccine; DT=pediatric formulation diphtheria and tetanus toxoids; Td=adult formulation tetanus and diphtheria toxoids; Tdap=adolescent and adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine; IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); MMR=combined measles, mumps, rubella vaccine; Hib=*Haemophilus influenzae* type b conjugate vaccine; MCV=meningococcal conjugate vaccine; MPSV=meningococcal polysaccharide vaccine.

**Table 3: Contraindications and precautions to vaccinations.**

Vaccine	Contraindication	Precaution
DTP/DTaP/DT	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> <li>• For DTaP: Encephalopathy within 7 days after DTP/DTaP.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> <li>• Guillain-Barré syndrome within 6 weeks after previous dose of tetanus toxoid-containing vaccine.</li> </ul> <p><u>For DTaP</u></p> <ul style="list-style-type: none"> <li>• Any of the following after a previous dose of DTP/DTaP: 1) fever of 40.5° C (105° F) or higher within 48 hours; 2) continuous crying for ≥3 hours within 48 hours; 3) convulsion with or without fever within 3 days.</li> <li>• Unstable neurologic disorder.</li> </ul>
Td/Tdap	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> <li>• For Tdap: Encephalopathy within 7 days after DTP/DTaP.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> <li>• Guillain-Barré syndrome within 6 weeks after previous dose of tetanus toxoid-containing vaccine.</li> <li>• For Tdap: Unstable neurologic disorder.</li> </ul>
Polio (IPV/OPV)	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> </ul> <p><u>For OPV</u></p> <ul style="list-style-type: none"> <li>• Severe immunodeficiency and long-term immunosuppressive therapy.</li> <li>• Pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> <li>• For IPV: Pregnancy.</li> </ul>
MMR	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> <li>• Pregnancy or possibility of pregnancy within 4 weeks.</li> <li>• Severe immunodeficiency and long-term immunosuppressive therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> <li>• History of thrombocytopenia or thrombocytopenic purpura.</li> <li>• Recent administration of blood, plasma, or immune globulin.</li> </ul>
Rotavirus	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> <li>• Moderate to severe acute gastroenteritis or chronic gastrointestinal disease.</li> <li>• History of intussusception.</li> </ul>
Hib	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> </ul>
Hepatitis A	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> </ul>
Hepatitis B	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> </ul>
Meningococcal (MCV/MPSV)	<ul style="list-style-type: none"> <li>• Previous anaphylactic or neurologic reaction to vaccine or any of its components, including diphtheria toxoid (for MCV) .</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> <li>• For MCV: History of Guillain-Barré syndrome.</li> </ul>

Table 3 (cont.): Containdications and precautions to vaccinations.

Vaccine	Contraindication	Precaution
Human papillomavirus	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> </ul>
Varicella	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> <li>• Pregnancy or possibility of pregnancy within 4 weeks.</li> <li>• Severe immunodeficiency and long-term immunosuppressive therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> <li>• Recent administration of blood, plasma, or immune globulin.</li> </ul>
Zoster	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> <li>• Pregnancy or possibility of pregnancy within 4 weeks.</li> <li>• Severe immunodeficiency and long-term immunosuppressive therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> </ul>
Pneumococcal	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> </ul>
Influenza	<ul style="list-style-type: none"> <li>• Previous anaphylaxis to vaccine or any of its components, or to eggs.</li> </ul> <p><u>For live attenuated influenza vaccine</u></p> <ul style="list-style-type: none"> <li>• Pregnancy.</li> <li>• Asthma or other chronic pulmonary disease.</li> <li>• Chronic cardiovascular disease.</li> <li>• Metabolic disease (e.g., diabetes, renal dysfunction, hemoglobinopathy).</li> <li>• Known or suspected immunodeficiency disease or receiving immunosuppressive therapy, history of Guillain-Barré syndrome.</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe acute illness.</li> <li>• History of Guillain-Barré syndrome within 6 weeks of previous influenza vaccine.</li> </ul>

DTP=diphtheria and tetanus toxoids and pertussis vaccine; DTaP=diphtheria and tetanus toxoids and acellular pertussis vaccine; DT=diphtheria and tetanus toxoids (pediatric formulation); Td=tetanus and diphtheria toxoids (adult formulation); Tdap=tetanus and diphtheria toxoids and acellular pertussis vaccine (adolescent and adult formulation); IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); MMR=combined measles, mumps, rubella vaccine; Hib=*Haemophilus influenzae* type b conjugate vaccine; MCV=meningococcal conjugate vaccine; MPSV=meningococcal polysaccharide vaccine.

**Table 4: Vaccination of pregnant women.**

Vaccine	Contraindicated during pregnancy	Can be given during pregnancy	Should be avoided during pregnancy
Td		X	
Tdap			X (but may be given if recipient at increased risk for infection and requires immediate protection)
Polio (IPV)			X (but may be given if recipient at increased risk for infection and requires immediate protection)
Polio (OPV)	X		
MMR <sup>1</sup>	X		
Hepatitis A		X	
Hepatitis B		X	
Meningococcal conjugate			X (but may be given if recipient at increased risk for infection and requires immediate protection)
Meningococcal polysaccharide		X	
Human papillomavirus			X
Varicella <sup>1</sup>	X		
Pneumococcal		X	
Influenza (TIV)		X	
Influenza (LAIV)	X		
Zoster <sup>1</sup>	X		

<sup>1</sup>Should avoid becoming pregnant for 4 weeks (28 days) after vaccination.

Td= tetanus and diphtheria toxoids (adult formulation); Tdap= tetanus and diphtheria toxoids and acellular pertussis vaccine (adolescent and adult formulation); IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); MMR=combined measles, mumps, rubella vaccine; TIV=trivalent inactivated influenza vaccine; LAIV=live attenuated influenza vaccine.

## APPENDIX A: GLOSSARY OF ABBREVIATIONS

ACIP	Advisory Committee on Immunization Practices
CDC	Centers for Disease Control and Prevention
CLIA	Clinical Laboratory Improvement Amendments
DGMQ	Division of Global Migration and Quarantine
DT	Diphtheria and tetanus toxoids
DTaP	Diphtheria and tetanus toxoids and acellular pertussis vaccine
DTP	Diphtheria and tetanus toxoids and pertussis vaccine
FDA	Food and Drug Administration
Hib	<i>Haemophilus influenzae</i> type b conjugate vaccine
INA	Immigration Nationality Act
IPV	Inactivated poliovirus vaccine
LAIV	Live attenuated influenza vaccine
MCV	Meningococcal conjugate vaccine
MMR	Measles-mumps-rubella vaccine
MMWR	<i>Morbidity and Mortality Weekly Report</i>
MPSV	Meningococcal polysaccharide vaccine
NCIRD	National Center for Immunization and Respiratory Diseases
OPV	Oral poliovirus vaccine
PCV	Pneumococcal conjugate vaccine
PPV	Pneumococcal polysaccharide vaccine
Td	Tetanus and diphtheria toxoids
Tdap	Tetanus and diphtheria toxoids and acellular pertussis vaccine
TIV	Trivalent inactivated influenza vaccine
USCIS	United States Citizenship and Immigration Services



**VACCINATION DOCUMENTATION WORKSHEET**

For Use with DS-2053

To Be Completed by Panel Physician Only

Name (Last, First, MI)					Exam Date (mm-dd-yyyy)		<b>REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS</b>  <b>NOT REQUIRED FOR REFUGEE APPLICANTS</b>  <b>NOTE FOR PANEL PHYSICIANS:</b> For refugee applicants, please complete only if reliable vaccination documents are available.						
Birth Date (mm-dd-yyyy)		Passport Number			Alien (Case) Number								
<b>1. Immunization Record</b>													
Vaccine History Transferred From a Written Record <i>(list chronologically from left to right)</i>					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)					Not age appropriate    Insufficient time interval    Contra-indicated    Not routinely available    Not fall (flu) season				
<i>Specify (circle) vaccine:</i> DT or DTP or DTaP													
<i>Specify (circle) vaccine:</i> Td or Tdap													
<i>Specify (circle) vaccine:</i> Polio – OPV or IPV													
<i>Specify (circle) vaccine:</i> MMR (Measles-Mumps-Rubella) or Rubella													
<i>Specify (circle) vaccine:</i> Measles or Measles-Rubella													
<i>Specify (circle) vaccine:</i> Mumps or Mumps-Rubella													
Rotavirus													
Hib													
Hepatitis A													
Hepatitis B													
Meningococcal													
Human papillomavirus													
Varicella													
Zoster													
Pneumococcal													
Influenza													
<b>2. Results</b>							<b>3. Panel Physician (Name)</b> _____						
<input type="checkbox"/> Vaccine history incomplete							<b>Panel Physician (Signature)</b> _____						
<input type="checkbox"/> Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as indicated above).							<b>Date (mm/dd/yyyy)</b> _____						
<input type="checkbox"/> Applicant will request an individual waiver based on religious or moral convictions.													
<input type="checkbox"/> Vaccine history complete for each vaccine, all requirements met (documented above).													
<input type="checkbox"/> Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.													

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