

U. S. Department of State
美国国务院
VACCINATION DOCUMENTATION WORKSHEET
预防接种记录表

For Use with DS - 2053 To Be Completed by Panel Physician Only 与 DS - 2053 表一同使用 只能由主检医生完成

OMB NO. 1405 - 0113
EXPIRATION DATE: 1/31/2004
有效截止时间: 2004 年 1 月 31 日
ESTIMATED BURDEN: 30 minutes
完成表格估计耗时: 30 分钟
(See Page 2 - Back of Form)
(见第二页)

Name (Last, First, MI) 姓名
Exam Date (mm - dd - yyyy) 检查日期 (月 - 日 - 年)

Birth Date (mm - dd - yyyy) 出生日期 (月 - 日 - 年)
Passport Number 护照号码

Alien (Case) Number 档案号

REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS
NOT REQUIRED FOR REFUGEE APPLICANTS
赴美移民签证申请人要求完成此表
难民不要求完成此表
NOTE FOR PANEL PHYSICIANS:
主检医生请注意:

For refugee applicants, please complete only if reliable vaccination document are available
若申请人是难民, 只有当申请人出示有效的预防接种文件时医生才填写此表

1. Immunization Record 预防接种记录
Vaccine History Transferred From a Written Record (list chronologically from left to right)
将书面记录的预防接种史转载到下列栏中 (按时间顺序从左到右)

| Vaccine 疫苗 | Date received (mm/dd/yyyy) 接种时间 (月-日-年) | Date received (mm/dd/yyyy) 接种时间 (月-日-年) | Date received (mm/dd/yyyy) 接种时间 (月-日-年) | Date received (mm/dd/yyyy) 接种时间 (月-日-年) | Vaccine Given by Panel Physician (mm/dd/yyyy) 主检医生所实施的接种时间 (月-日-年) | Completed Series (✓ if completed, write "YH" if varicella history, or write date of lab test if immune) 完成了系列接种 (若完成了接种, 在格内打"✓"; 若申请人有水痘患病史, 则注明"YH"或写出其实实验室测定以证明已获得免疫力的日期) | Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate, Check suitable Box(es) Below 若申请人对要求接种的疫苗不能接种, 请在下列提供的相应项目中打勾注明 | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|-----------------------------------|----------------------|---------------------------------|-----------------------------|--|--|--|--|--|--|--|
| | | | | | | | Not age appropriate 年龄不适合 | Insufficient time interval 时间间隔不当 | Contraindicated 有禁忌症 | Not routinely available 无疫苗常规供应 | Not Fall (flu) Season 非接种季节 | | | | | | | |
| DT/DTp/DtaP 百白破 | | | | | | | | | | | | | | | | | | |
| Td 成人百破 | | | | | | | | | | | | | | | | | | |
| Polio 脊髓灰质炎 (OPV/IPV) | | | | | | | | | | | | | | | | | | |
| Measles 麻疹 | | | | | | | | | | | | | | | | | | |
| Mumps (or MMR) 腮腺炎 (或麻腮风) | | | | | | | | | | | | | | | | | | |
| Rubella (or MR or MMR) 风疹 (或 MR 或 MMR) | | | | | | | | | | | | | | | | | | |
| Hib (Haemophilus influenzae type b) b 型流感嗜血杆菌感冒 | | | | | | | | | | | | | | | | | | |
| Hepatitis B 乙肝 | | | | | | | | | | | | | | | | | | |
| Varicella 水痘 | | | | | | | | | | | | | | | | | | |
| Pneumococcal 肺炎双球菌肺炎 | | | | | | | | | | | | | | | | | | |

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|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Influenza 病毒性流感 | | | | | | | | | | | | | | | | | | | | |
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2. Results 结论

- Vaccine history incomplete
过去未完成接种
- Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as indicated above).
申请人因医学原因不适宜接种(见上)
- Applicant will request an individual waiver based on religious or moral convictions.
申请人因宗教或道德观念等原因要求不接种
- Vaccine history complete for each vaccine, all requirements met (documented above).
申请人完成了所有接种要求(见上)
- Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.
申请人未完成所有接种要求(因无豁免理由, 申请人仍需接种1种或多种疫苗)

3. Panel Physician (name)
主检医生 (姓名)

Panel Physician (signature)
主检医生 (签名) _____
Date (mm - dd - yyyy)
日期 (月 - 日 - 年) _____

DS - 3025
08 - 2000

Give copy to applicant 将复印件交申请人

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE
文字报告缩减法和个人隐私法之相关通告

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.

针对表中的要求对资料进行搜集并根据所得资料完成此表, 估计每人份平均需要 30 分钟。若持表人所提交的表上无美国预算和管理局给予的号码, 这类人无需向您提供表中的相关信息。若您对于完成表格所需时间的估计和表格内容的精简有更好的建议, 可告知: 华盛顿特区的国务院所属机构(A/RPS/DIR), 邮编 20520 - 1849。

We ask for 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, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the INS for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).

我们要求移民签证的申请人或难民提供表中罗列的内容, 以便于我们确定申请人是否符合移民法第 212(a) 和 221(d) 或 412(b)(4) 条和 (5) 条中的医学要求。如果移民签证或难民身份获得批准, 这份表格将被提交到移民局从而将你的情况向疾病控制中心和卫生部通报; 如果你不按照要求提供个人资料, 你的申请程序将被延迟。若你的移民签证或难民身份未获批准, 你的表格将依照移民法第 222(f) 的要求作为密件进行处理。