

Tip Sheet: Recording 951 Vaccinations

This tip sheet has been developed to assist panel clinics with the recording of **951 Vaccinations** for applicants when conducting their U.S. Visa health examination.

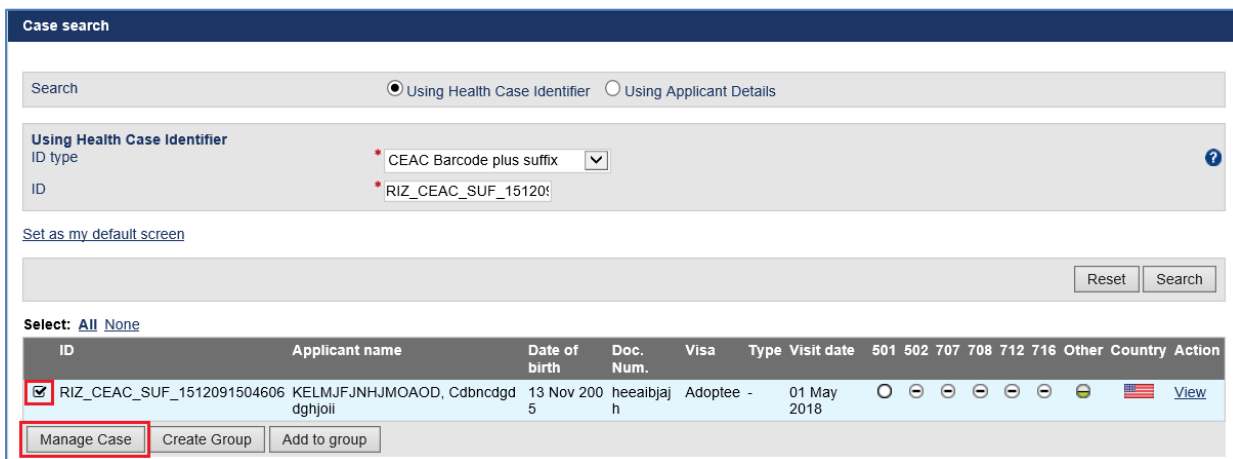
Once the health case is at **Exam in Progress** status, you can start recording these examinations.

Note: If your health case is ready to proceed to the examination, it should be available in the **In progress** tab in your clinic's **inbox**.

Note: Throughout the examination a red asterisk * will display for mandatory fields.

Step 1. Search the health case using the **Case search** screen or locate the health case in the **In progress** folder of the clinic's **inbox**

Step 2. Select the check box next to the health case and press the **Manage Case** button



The screenshot shows the 'Case search' interface. At the top, there are two radio buttons: 'Using Health Case Identifier' (selected) and 'Using Applicant Details'. Below this, there are two input fields: 'ID type' with a dropdown menu set to 'CEAC Barcode plus suffix' and 'ID' with the text 'RIZ_CEAC_SUF_15120!'. A 'Set as my default screen' link is present. At the bottom right of the search area are 'Reset' and 'Search' buttons. Below the search area is a table with columns: ID, Applicant name, Date of birth, Doc. Num., Visa, Type, Visit date, and several columns for flags (501, 502, 707, 708, 712, 716), Other, Country, and Action. One row is highlighted with a red box around the checkbox and the 'Manage Case' button below it.

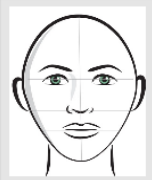
ID	Applicant name	Date of birth	Doc. Num.	Visa	Type	Visit date	501	502	707	708	712	716	Other	Country	Action
<input checked="" type="checkbox"/> RIZ_CEAC_SUF_1512091504606	KELMJFJNHJMOAOD, Cdbncdgdgghjoi	13 Nov 2005	heeaijbajh	Adoptee	-	01 May 2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	USA	View

Buttons below the table: **Manage Case** (highlighted), Create Group, Add to group

The **Health case details** screen displays. Expand the **951 Vaccinations** in the navigation pane.

Health Case: RIZ_CEAC_SUF_1512091504606

Pre exam: Health case details



KELMJFJNHJMOAOD,
Cdbncdgdgdghjoi
MALE, 13 Nov 2005

- Pre exam
- Health case details
- Manage Photo
- Confirm identity
- All Exams
- All exams summary
- Current exams
 - 501 Medical Examination
 - 719 TB screening test - TST or IGRA
 - 106 Mental health report
 - 951 Vaccinations
 - Record results**
 - Review exam details

Panel Physician Report on Medical Examination and Vaccination Record

OMB Control Number/TODO: prod value
Form Number DS-7794
Expiration Date 30 Nov 2020
Estimated Burden 60 minutes

Applicant personal details

Family name KELMJFJNHJMOAOD
Given name(s) cdbncdgdgdghjoi
Sex MALE
Date of birth 13 Nov 2005
Country of birth RWANDA
City of birth
Prior Country of Residence AUSTRALIA

Applicant identity details

Identity document presented Original Passport
Identity Document Number heeaibajh
Issuing country RWANDA
Date of issue
Date of expiry 01 Dec 2022
Source United States of America

Other Identifiers

Identifier type	Identifier value
Alien Number	RIZ_AN1512091504606
Case Number	RIZ_CSN1512091504606
CEAC Barcode	RIZ1504606
Beneficiary ID	RIZ_BNFID1512091504606

Applicant visa details

Applicant Category Adoptee

Step 3. Press the **Record results** button



The **951 Vaccinations: Record results** screen displays.

951 Vaccinations: Record results

Confirm identity


Was the applicant's identity confirmed? Not selected Yes No

Record results

Exam date  

Exam description Applicant's full vaccination history is required.

No results found.

Disease	Vaccine	Vaccine history	Administered by clinic	Immunity Positive	History	Waiver reasons
Vaccination Documentation						
Vaccination requirements complete?			<input type="radio"/> Not selected <input type="radio"/> Yes <input checked="" type="radio"/> No 			
Reason			<input type="text" value="Applicant refuses vaccinations"/>			
Contra-indications			<input type="checkbox"/> Current Pregnancy <input type="checkbox"/> Immune compromised <input type="checkbox"/> History of severe allergic reaction to vaccine or vaccine component <input type="checkbox"/> Other severe reaction to vaccine <input type="checkbox"/> Current severe to moderate illness <input type="checkbox"/> Other			
Remarks			<div style="border: 1px solid #ccc; height: 30px;"></div>			

Attachments

Step 4. Select **Yes** or **No** button for **Was the applicant's identity confirmed?**

Step 5. Edit the **Exam date**, if required (will default to today's date)

Step 6. Press the  icon to open **Add/Edit Vaccination** window

Step 7. Select a name of the disease from **Disease** drop down list

Step 8. Select the **Vaccine** from the drop down list

Step 9. Enter Date(s) for **Vaccination history** for previously given vaccine

Step 10. Enter Date(s) for **Vaccination given by panel site**

Step 11. Select appropriate check box(s) for **Blanket waiver**

Note: For certain diseases, for example Varicella, the **Date of Test for Immunity Positive** may be recorded. If other immunity tests are conducted and positive, it must be recorded.

Note: If the disease is Varicella then the **History of disease** will also need to be recorded.

Step 12. Press the **Ok** button

The recorded **Vaccinations** details will be listed in the **Record results** section.

Disease	Vaccine	Vaccine history	Administered by clinic	Immunity Positive	History	Waiver reasons
Diphtheria, Tetanus, Pertussis, Polio, Hib, Hepatitis B	Hexavalent		19 Jun 2018	-	-	
Varicella	Varicella Vaccine	04 Jun 2018	-	21 Jun 2018	No	

Step 13. Press the icon to record more **Vaccination(s)**

Step 14. Select the **Yes** or **No** button for **Vaccination requirements complete?** in the **Vaccination Documentation** section

Step 15. For **No**, Select an Option in the **Reason** drop down list

Step 16. Select appropriate check box(s) for **Contra-indications**

The **Other contra-indications** field display if **Other** is selected.

Step 17. Press the **Add New** button in the **Attachments** section to upload any report (If required)

Attachments

Link to existing Add New ?

The **Add New Attachment** window displays.

Add New Attachment [+] [x]

Attachment type: * Uploaded [v]

Document type: * [v]

Browse: * [Browse...]

Details [v]

Link to another exam

Cancel Save

Step 18. Select Other from the **Document type** drop down list

Step 19. Press the **Browse** button to locate and upload the attachment file

Add New Attachment [+] [x]

Attachment type: * Uploaded [v]

Document type: * [Optional documents
Other] [v]

Browse: * [Browse...]

Details [v]

Link to another exam

Cancel **Save**

Step 20. Press the **Save** button

The uploaded files are listed in the **Attachment** section.

Attachments

Link to existing Add New ?

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
[trash icon]	Other	-	Uploaded	-	Vaccination report.pdf	[edit icon]

General Supporting Comments [text box]

Back Close Print Worksheet Save Next

Step 21. Record comments in **General Supporting Comments** text box, if required

Step 22. Press the **Print Worksheet** button to print the vaccination report for the applicant

Attachments

Link to existing Add New ?

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
	General Supporting Comments					

General Supporting Comments

Back Close **Print Worksheet** Save Next

The **Vaccination Worksheet** in a pdf document will display. [Note: The Vaccination Worksheet is the only document panel physicians are permitted to print out (upon the applicant's request) to give to the applicant, per U.S. Department of State (DOS) regulations.]

Vaccination Worksheet

OMB No. value to be provided
FORM No. DS-7794
EXPIRATION DATE: 30 Nov 2020
ESTIMATED BURDEN: 60 minutes

Visit date: 01 May 2018

Applicant personal details		Applicant identity details	
Family name:	KELMJFJNHJMOAOD	Identity document presented:	Original Passport
Given names:	cdbncdgdghjoii	Identity document number:	heeaibjah
Sex:	MALE	Issuing country:	RWANDA
Date of birth:	13 Nov 2005	Date of issue:	-
Country of birth:	RWANDA	Date of expiry:	01 Dec 2022
City of birth:	-	Source:	Clinic
Prior Country of Residence:	AUSTRALIA		

Step 23. Print the Vaccination Worksheet to provide to the applicant

Step 24. Press the **Next** button

Attachments

Link to existing Add New ?

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
	Other	-	Uploaded	-	Vaccination report.pdf	

General Supporting Comments

Back Close Print Worksheet Save **Next**

The **951 Vaccinations: Review exam details** screen displays.

951 Vaccinations: Review exam details

Exam details

Exam code: 951
 Exam description: Applicant's full vaccination history is required.
 Exam added by: DoS
 Reason requested: Required under policy
 Exam date: 17 Oct 2017
 Exam status: Finalized
 Exam expiry date: 02 Nov 2018

Confirm identity

Was the applicant's identity confirmed? Not selected Yes No

Record results

Exam date: 17 Oct 2017
 Exam description: Applicant's full vaccination history is required.

No results found.

Disease	Vaccine	Vaccine history	Administered by clinic	Immunity Positive	History	Waiver reasons
Vaccination Documentation						
Vaccination requirements complete?		<input type="radio"/> Not selected <input type="radio"/> Yes <input checked="" type="radio"/> No				
Reason		Applicant refuses vaccinations				
Contra-indications		<input type="checkbox"/> Current Pregnancy <input type="checkbox"/> Immune compromised <input type="checkbox"/> History of severe allergic reaction to vaccine or vaccine component <input type="checkbox"/> Other severe reaction to vaccine <input type="checkbox"/> Current severe to moderate illness <input type="checkbox"/> Other				
Remarks						

Step 25. Thoroughly review the information that has been recorded

Note: All details in **951 Vaccinations: Review exam details** screen are view only and cannot be edited. To edit, return to the **951 Vaccinations: Record results** screen where the information was entered.

Step 26. Select the **Examiner declaration** check box

Note: Clerical (Medical) users will need to select the name of the panel physician and provide the declaration on behalf of whom they are submitting the exam.

Examiner declaration

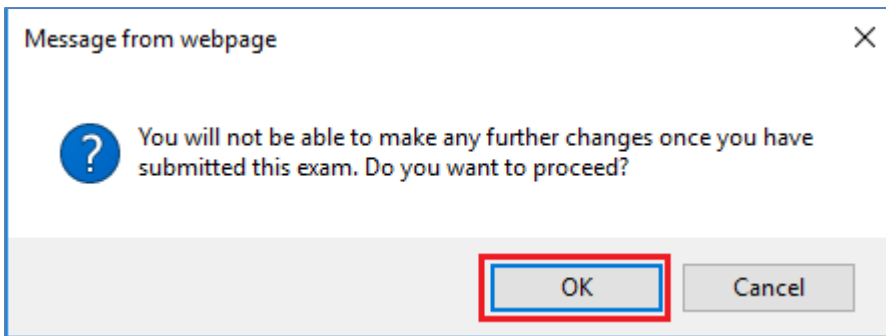
Mr Doctor USA has declared that the findings recorded in this health examination report are true and correct.
 Completed by: Mr ClericalMedical USA
 Date of declaration: 12 Nov 2017

Declaration

I have completed this examination report on behalf of

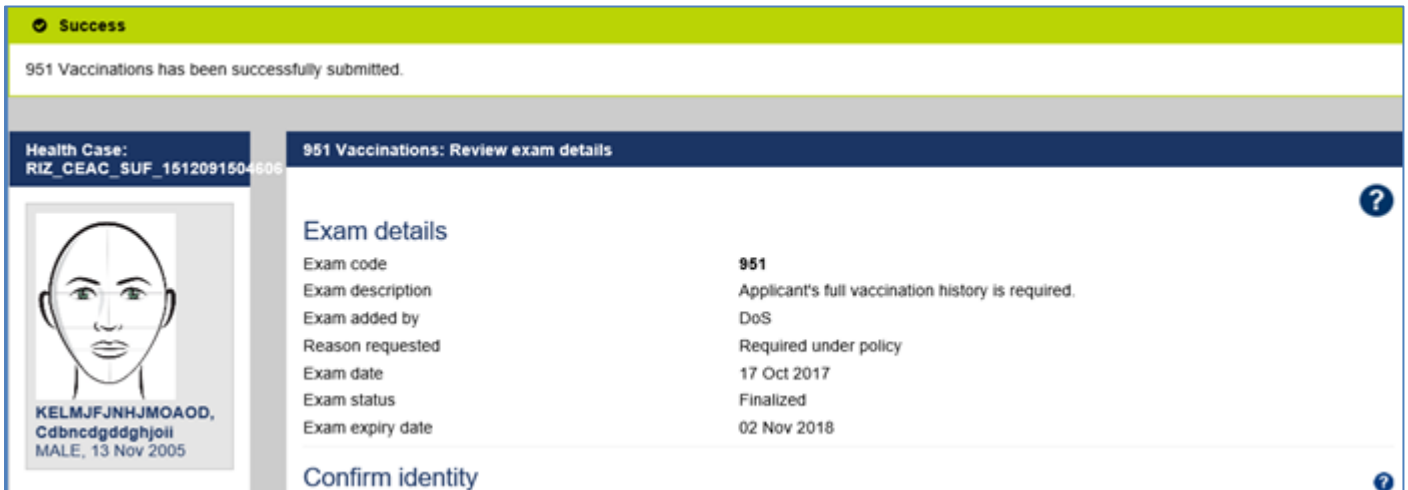
Step 27. Press the **Submit Exam** button

A confirmation message displays.



Step 28. Press the **OK** button

This submits the exam, and returns you to the **951 Vaccinations: Review exam details** screen with a success message being displayed on the top of the screen.



Note: If the existing **951 exam** has expired at the time of 501 Classification, then a new **951 exam** will be added to the health case carrying the results from the expired exam.