should not be jeopardized by an attempt to avoid the real choices necessary to produce a balanced budget by the year 2002.

Thank you, Mr. President.

AMENDMENT NO. 1028

(Purpose: To improve the bill)

At the end of the section in title I regarding the "WAIVER OF CERTAIN VACCINATION REQUIREMENTS", insert the following new subsection:

"(b) REPORT.—The Attorney General, in conjunction with the Secretaries of Health and Human Services and State, shall report to Congress within 6 months of the date of enactment of this Act on how to establish an enforcement program to ensure that immigrants who receive waivers from the immunization requirement pursuant to section 212 of the Immigration and Nationality Act comply with the requirement of that section after the immigrants enter the United States, except when such immunizations would not be medically appropriate in the United States or would be contrary to the alien's religious or moral convictions."

AMENDMENT NO. 1029

At the appropriate place, insert the following:

SEC. . EXTENSION OF VIOLENT CRIME REDUCTION TRUST FUND.

Section 310001(b) of the Violent Crime Control and Law Enforcement Act of 1994 (42 U.S.C. 14211(b)) is amended—

(1) in paragraph (5), by striking "and" at the end;

(2) in paragraph (6), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

"(7) for fiscal year 2001, $4,355,000,000; and

"(8) for fiscal year 2002, $4,455,000,000.

Beginning on the date of enactment of this legislation, the discretionary spending limits contained in Section 201 of H.Con.Res. 84 (105th Congress) are reduced as follows:

for fiscal year 2001, $4,355,000,000 in new budget authority and $5,936,000,000 in outlays;

for fiscal year 2002, $4,455,000,000 in new budget authority and $4,485,000,000 in outlays.

Mr. BIDEN. Mr. President, this amendment extends the crime law

we do not pass my amendment, there will be no trust fund in 2001 and 2002, and there will be no more funding for prisons and no more to fight violence against women.

I also want to point out to my colleagues that I believe that there are Budget Act points of order which could be lodged against my amendment. I say that just so all of us are clear about my amendment. I would move to waive such a point of order were it raised. I just want my colleagues to understand this fact as we pass this amendment.

I urge my colleagues to support my amendment.

AMENDMENT NO. 1030

(Purpose: To provide funding for the Community Policing to Combat Domestic Violence Program)

On page 29, line 18, insert "That of the amount made available for Local Law Enforcement Block Grants under this heading, 10,000,000 shall be for the Community Policing to Combat Domestic Violence Program established pursuant to section 1701(d) of part Q of the Omnibus Crime Control and Safe Streets Act of 1968: *Provided further*," after "*Provided*,".

AMENDMENT NO. 1031

On page 65, on line 25 after "expenses" insert the following: *Provided further*, That the number of political appointees on board as of May 1, 1998, shall constitute not more than fifteen percentum of the total full-time equivalent positions at the Office of the United States Trade Representative."

Mr. GREGG. Mr. President, I ask unanimous consent that the amendments be agreed to.

The PRESIDING OFFICER. Is there objection?

Mr. HOLLINGS. Withholding, and I do not intend to object, I understand it is pretty well worked out, but there was one language inclusion.

Mr. GREGG. It is all done.

Mr. HOLLINGS. No objection.

The PRESIDING OFFICER. The amendments are agreed to.

The amendments (Nos. 1024–1031), en

which was reached late last night, and mention my thoughts on this. This agreement is obviously not everything that everybody wanted. But it is a giant step in the right direction. It is especially a giant step on the issue of cutting taxes for the working American family, or that group of Americans in the middle-income brackets who are struggling with the costs of raising children and sending those children to college.

For a family whose income is in the range of $32,000 or $35,000, this tax cut could well represent a tax cut of almost 50 percent for a family of four. That is a big tax cut. For that same family, should they have a child who is headed off to college, this could represent a tax cut of up to 75 percent. That is a huge tax cut.

In addition, if you are in a working family situation and you are trying to make ends meet, you are going to be able to take advantage of this child credit coming to you to help you support the cost of raising your children—$500 per child. And all of these tax cuts that I am talking about are directed at middle-income Americans. In fact, almost all of them phase out as you get into incomes over $100,000.

Further, if you are a family where one of the spouses is staying at home to try to raise your children, under today's law, you can't have an IRA account that is deductible. That stay-at-home spouse can't have an IRA account that is deductible. Under this bill, the mother that is home raising the children will have the opportunity to have an IRA account that will be deductible and safe for her retirement. That is a major step forward.

In addition, there is a significant estate tax savings, especially for small business people and for farmers. Estate tax vings, which means that when somebody works all their life to build up a grocery store, a restaurant, or a

Congress of the United States

Washington, DC 20510

July 22, 1997

The Honorable Janet Reno
Attorney General of the United States
Department of Justice
950 Pennsylvania Ave., N.W.
Washington, D.C. 20530

Dear Attorney General Reno:

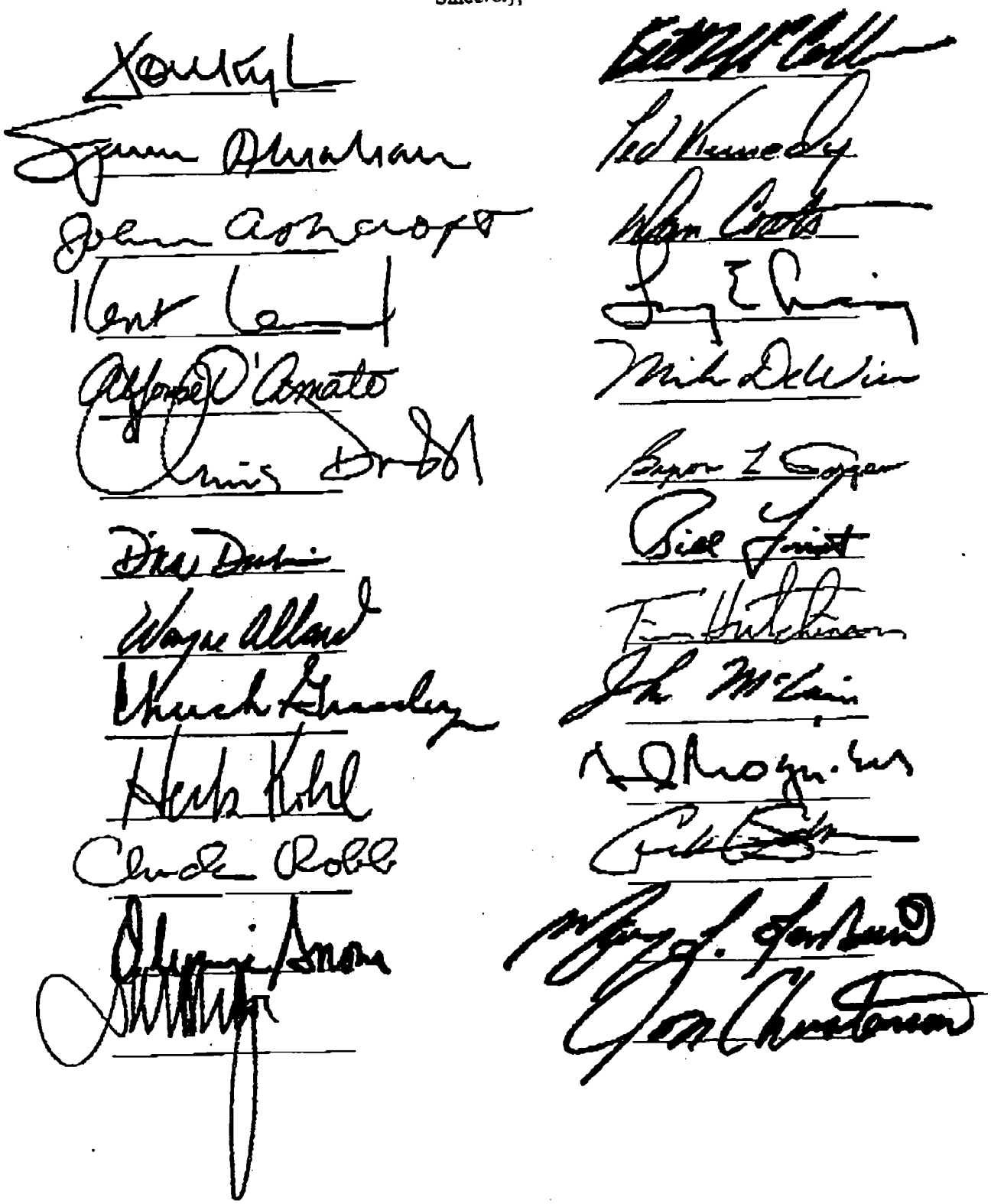
In section 341 of last year's Illegal Immigration Reform and Immigrant Responsibility Act (P.L. 104-208), Congress included a public health provision that requires incoming immigrants to receive certain immunizations before entering the United States. In recent months, members of the international adoption community have raised a variety of health concerns with respect to section 341 of IIRIRA and the immunization of international adoptees. Specifically, they are concerned with the adverse health implications of administering vaccinations under the following circumstances:

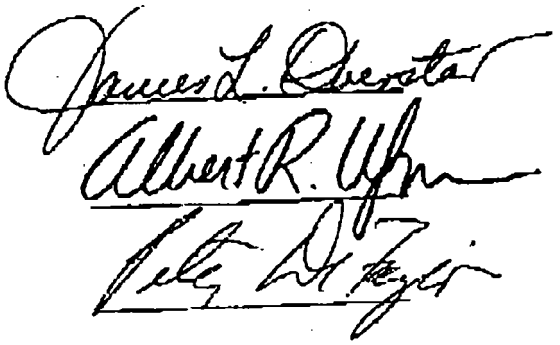
- The exact age of the child is unknown.
- The child's medical history is unavailable or inadequate.
- Contraindications, such as fevers and colds, are not clearly defined.
- The child's immunodeficiency status is difficult to ascertain.
- There is a danger that unsterile or reconstituted needles could be used to vaccinate.
- There are inadequate conditions for appropriate medical assessments or evaluations.

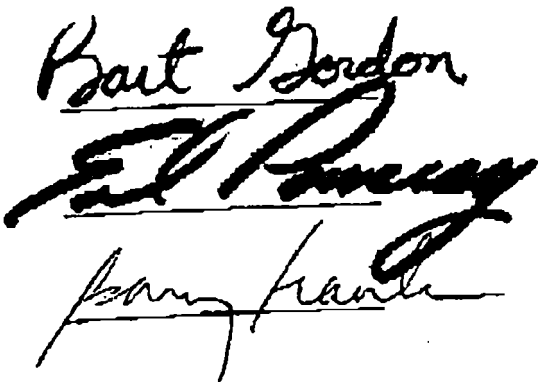
The clear intent of this provision is to protect public health and we would naturally be concerned if IIRIRA itself, or the implementing regulations, produced the opposite result. To ensure that the vaccination requirement would not result in any increased health risks, section 341(b) of IIRIRA grants the Attorney General the authority to provide waivers from the vaccination requirement whenever a "civil surgeon, medical officer, or panel physician" certifies, according to regulations prescribed by the Secretary of Health and Human Services, that obtaining such immunizations would be "medically inappropriate." We request that you, in conjunction with the Secretary of HHS, generously use the discretion provided in section 341(b) of IIRIRA to permit waivers to be granted in cases where it would be medically inappropriate to require vaccinations, especially in response to health concerns such as those raised by the international adoption community.

Since section 341 of IIRIRA became effective starting July 1, we request that you respond to this letter by August 11, 1997. Thank you for your prompt attention to this matter.

Sincerely,







Senator Jon Kyl

Senator Spencer Abraham

Senator John Ashcroft

Senator Kent Conrad

Senator Alfonse D'Amato

Senator Christopher Dodd

Senator Richard Durbin

Senator Wayne Allard

Senator Charles Grassley

Senator Herb Kohl

Senator Chuck Robb

Senator Olympia Snowe

Senator Daniel Inouye

Representative James Oberstar

Representative Albert Wynn

Representative Peter DeFazio

Representative Bill McCollum

Senator Ted Kennedy

Senator Dan Coats

Senator Larry Craig

Senator Mike De Wine

Senator Byon Dorgan

Senator Bill Frist

Senator Tim Hutchinson

Senator John McCain

Senator Daniel Patrick Moynihan

Senator Gordon Smith

Senator Mary Landrieu

Representative Jon Christensen

Representative Bart Gordon

Representative Earl Pomeroy

Representative Barney Frank

immediately undertake appropriate measures, including actions pursuant to the dispute settlement provisions of the World Trade Organization.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON FOREIGN RELATIONS

Mr. HAGEL. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Friday, July 25, 1997, at 9:30 a.m. to hold a hearing.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON GOVERNMENTAL AFFAIRS

Mr. HAGEL. Mr. President, I ask unanimous consent of behalf of the Governmental Affairs Committee Special Investigation to meet on Friday, July 25, at 10 a.m., for a hearing on campaign financing issues.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON VETERANS' AFFAIRS

Mr. HAGEL. The Committee on Veterans' Affairs would like to request unanimous consent to hold a hearing on pending legislation on July 25, 1997, at 10 a.m., in room 418 of the Russell Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADDITIONAL STATEMENTS

SUPPORT OF THE McCAIN/KYL INTERNATIONAL ADOPTION AMENDMENT

• Mr. KYL. Mr. President, last year, the Senate Judiciary Committee unanimously passed an amendment I sponsored to the Illegal Immigration Reform and Immigrant Responsibility Act that requires incoming immigrants to be immunized before they enter the United States.

The amendment makes public health sense. Between 800,000 and 1 million individuals emigrate from their home country to the United States every year. And, the Department of Health and Human Services has made immunization of the U.S. population against vaccine-preventable diseases one of its top health priorities. But before the passage of last year's Immigration Act, there was no Federal policy with regard to the immunization of foreign nationals seeking permanent residency in the United States. With passage of the Immigration Reform Act, we can be assured that incoming immigrants will be immunized against vaccine-preventable diseases.

There are special circumstances, however, when requiring an immigrant to be immunized in his or her home country before traveling to the United States doesn't make sense. The law allows the Attorney General the authority to waive the immunization requirement whenever the requirement "would not be medically appropriate" or when such immunizations "would be contrary to the alien's religious or moral convictions."

So, the Attorney General has complete authority to waive the immunization requirement. Some House and Senate offices, however, including mine, have heard from representatives of the international adoption community about the difficulties this requirement has caused for such parents and their children.

To address this issue, Senator MCCAIN and I offer this amendment to instruct the Attorney General "to exercise the waiver authority provided for in subsection (g)(2)(B) for any alien applying for an IR3 or IR4 category visa." That is, for any orphan in another country who is to be adopted by a U.S. citizen.

I have heard from adoptive parents and agencies in Arizona about the unique difficulties the immunization requirement is creating for some adoptive parents and their babies and young children. Their unique concerns focus on a number of issues, including:

Unavailable background Records: Children from orphanages, which comprise over 50 percent of international adoptions, often do not have health records on which to base recommendations for vaccinations.

Immunocompromised children: According to medical professionals, many children who have lived in orphanages exhibit significant immune defects. These immunocompromised children should not receive certain immunizations. Requiring such immunizations could cause the child to acquire the very disease the immunization is supposed to prevent.

The exact age of the child is unknown and, therefore, some children could be forced to receive age-inappropriate immunizations.

The adoptive parents often have limited time and resources to travel to the adoptee's home country. Forcing the child to undergo as many as five immunizations at one time, in order to reduce the amount of time and money a parent must spend in the child's home country, will drive up the cost of the adoption.

There is a danger that unsterile or reconstituted needles, or substandard immunizations, may be used to vaccinate children in some orphanages in some countries.

It is also important to ensure that any immigrant who has received a waiver be immunized once he or she has arrived in the United States. The McCain/Kyl amendment requires the Attorney General and Secretaries of HHS and State to report back in 6 months on how to establish an enforcement program to ensure that immigrants who receive waivers be immunized once they arrive in the United States. The enforcement program would not apply to immunizations that would not be medically appropriate in the foreign country or the United States or would be contrary to the alien's religious or moral convictions.

On July 22, 23 of my colleagues, including Senators ABRAHAM, KENNEDY, ALLARD, ASHCROFT, COATS, CONRAD, CRAIG, D'AMATO, DEWINE, DODD, DORGAN, DURBIN, FRIST, GRASSLEY, HUTCHINSON, INOUYE, KOHL, LANDRIEU, MCCAIN, MOYNIHAN, ROBB, GORDON SMITH, and SNOWE joined me in sending a letter to Attorney General Reno urging her to generously use her authority to provide waivers from the immunization requirement for these babies and children awaiting adoption. I am pleased that the Senate has adopted this timely amendment.•

DARRELL COLSON, HOOSIER HERO

• Mr. COATS. Mr. President, I rise today in recognition of a true Hoosier hero, Mr. Darrell Colson of Indianapolis. On July 15, 1997, Mr. Colson performed a heroic act. While getting ready to leave his apartment complex pool, he noticed that his neighbor, Orian Williams, who moments earlier was swimming laps, was now drowning at the bottom of the pool. After an attempt by Kim Williams, his fiancé, to rescue the young woman, Mr. Colson dove into the water and pulled Ms. Williams to safety. Once he was able to remove her from the water, Darrell Colson and Kim Williams performed CPR until the rescue team arrived. Orian Williams, who by then was in a coma, was rushed to a nearby community hospital where she regained consciousness after receiving medical treatment.

This is a remarkable act, by a remarkable individual. However, what makes Ms. Williams' rescue truly amazing is that Mr. Colson is a paraplegic. Four years ago, Mr. Colson suffered a tragic accident when he fell 40 feet from a tree; he is now confined to a wheelchair. To save Ms. Williams, Darrell Colson maneuvered his wheelchair to the pool, dove in, held onto her with one arm and used the other to swim her to the surface. Despite his condition, Mr. Colson found the courage to risk his own life for a fellow human being. Mr. Colson may not think of himself as special, but he is a hero to both Orian Williams and to all of us who look to his selfless example for inspiration.

I initiated the Hoosier Hero program in 1991 to recognize individuals who have made significant contributions to Indiana life, while at the same time serving as an inspirational example to the entire Nation. I cannot think of a more inspirational display of courage than saving the life of another individual. Last week, Mr. President, I was pleased to officially recognize Mr. Colson as a true Hoosier hero and awarded him a Hoosier Hero plaque.

Mr. Colson never expected to save a life that day while he was relaxing at the pool. Yet, he demonstrated how we all need to be prepared if we are called upon to help others.

Today I ask that my colleagues join me in commending Darrell Colson,

AMENDMENT NO. 1015

(Purpose: To provide a waiver from certain immunization requirements for certain aliens entering the United States)

At the appropriate place, insert the following: WAIVER OF CERTAIN VACCINATION REQUIREMENTS

SEC. . (a) IN GENERAL.—Section 212 of the Immigration and Nationality Act (8 U.S.C. 1182) is amended by adding at the end the following:

"(p) The Attorney General should exercise the waiver authority provided for in subsection (g)(2)(B) for any alien orphan applying for an IR3 or IR4 category visa.".

Mr. MCCAIN. Mr. President, This is intended to resolve a potentially serious problem involving foreign children emigrating to the United States for the purpose of being united with their adoptive parents. Quite simply, the amendment urges the Attorney General to exercise that authority to waive vaccination requirements for certain categories of emigres that is part of current law.

Last year, my colleague from Arizona, Senator KYL, succeeded in getting passed legislation authorizing the Attorney General to waive the immunization requirements for legal aliens entering the country if medical, moral or religious considerations so warrant. Unfortunately, that authority has not been exercised, despite extenuating circumstances that clearly argue for such a waiver from the immunization requirement. No where is this failure to exercise that authority more damaging than in the area of foreign-borne orphans being adopted by U.S. citizens.

Neither Senator KYL nor I would argue that immigrants with serious communicable diseases should be allowed into the United States. What we are saying is that children whose medical conditions cannot be accurately determined without a more thorough examination than can be administered in their home country should not be subjected to vaccinations that may trigger unforeseen reactions, for instance, from allergies to a specific serum. Additionally, other medical conditions may exist that make immunization at a specific time unadvisable, as would be the case with a child suffering from influenza. All this amendment does is tell the Attorney General to do what common sense dictates should be done anyway: not subject children to vaccinations to which their systems may not be immediately adaptable.

Mr. President, I urge my colleagues to support this amendment. It would do nothing that could pose a health risk to the American public; it only eliminates the risk to children, often from countries with far more primitive health care than is available here, of immunizations if their individual medical conditions indicate such treatment would pose a serious risk to the health of the child.

Adoption Briefing on New Vaccination Requirements
Thursday, June 26, 1997

This briefing was called by the Co-Chairs of Congressional Coalition on Adoption

Rep. Jim Oberstar (D-MN)
Rep. Tom Bliley (R-VA)
Rep. Larry Craig (R-ID)

Attendees included staffers to Reps. Oberstar (Chip Gardner), Bliley, and Craig as well as Rep. Kyl (Elizabeth Maier) and House Immigration Subcommittee (Ed Grant); Bob Hannon - Dept of State; Kay Stone (observer from CDC).

Presenter: Dr. Dana Johnson, International Adoption Clinic, U. Of Minnesota

Materials distributed: "Waiving Immunization Requirements for International Adoptees"

Prior to the presentation, Bob Hannon gave a brief overview of implementation procedures for the new immunization requirements and emphasized that panel physicians will follow guidance (including medical contraindications) developed by CDC in accordance with standard American guidelines.

Dr. Johnson distributed a summary of concerns (health risk of immunizations, ineffectiveness of vaccines given in orphanages, appropriateness of vaccines, and parental consent) and discussed the first three. His main concern is that safety of immunizations administered overseas cannot be guaranteed, primarily due to a shortage of sterile needles. He also questioned the qualifications and motivations of panel physicians and stated they may benefit financially from administering these immunizations. Also, children who grow up in orphanages may be immunosuppressed and immunizations may pose a risk, including paralysis from live polio vaccine. He felt that immunizations should be administered after entry into the U.S. Solutions offered by Dr. Johnson are for the State Department to (1) grant blanket waivers for adoptees (preferred option) or (2) set up immunization programs within embassies where quality can be assured.

Selected questions from audience:

Q: CDC guidelines are developed for Americans; discuss the contraindications. A: Dr. Johnson did not have a copy on hand, but mentioned that contraindications include history of previous reactions, current illness, and immunodeficiency. Orphans will have not have adequate medical histories, so panel (and other) physicians will not be able to adequately determine eligibility.

Q: Are the CDC guidelines for panel physicians final? A(Bob H): guidelines can be expanded, and additional instructions can be given to panel physicians.

Q: If panel physicians follow CDC guidelines, wouldn't this preclude use of nonsterile needles?

A (Dr. J and Bob H): not if sterile needles are not available.

Q: Are any data available on adverse reactions among currently immunized immigrant children? A(Dr. J): rate of adverse reactions not likely to be higher in the future, unless prevalence of immunodeficiency is higher (and incidence of paralytic polio could increase). No data on risk of hepatitis B via immunizations.

Q: Will live polio vaccine be given? A (Dr. Johnson): physicians would determine which polio vaccine to give; probably most panel physicians will give live vaccine.

Q: What is the public health risk of delaying immunizations until after entry into U.S.? A: (Dr. J): probably none.

Q: Is there any danger of reimmunizing children? A(Dr. Johnson): no; this is addressed in ACIP guidelines.

Q: Can State Dept. issue a blanket waiver? Answer (Bob Hannon): State Dept. does not have authority.

Q: Can a waiver be issued for all children? A(Dr. J): AAP makes distinctions between children with their families versus children from orphanages. Orphanages will start giving immunizations.

Q: Can a physician diagnose immunodeficiency just by looking at the child? A(Dr. J): not in a brief exam. Growth retardation and recurrent infections may be predictors of immunodeficiency, but among orphans are too common to be good predictors of immunodeficiency.

Q: Shouldn't parents bring their own supply of clean needles from the U.S.? A (Dr. J): will advise parents to bring own needles. A(Bob H): cannot advise this because in most countries it would violate laws on drug paraphernalia and import of medical supplies.

Q: Who advocated this new mandate? A(Ed Grant): mandate was broad-based, intended for all immigrants, not just children.

JUNE 27, 1997

NOTE TO BILL CORR

Through ES_____
SUBJECT: CDC Statement to Washington Post--Immigration Immunization

The Washington Post has asked CDC for a statement for a story they are writing about concerns over the new INS requirement that all immigrants who seek permanent residence in the U.S. receive all ACIP-recommended immunizations before emigrating. Our public affairs staff, working with OASPA, devised the following statement, which they plan to give to the Post today:

> CDC is aware of the concerns voiced in the international adoption community regarding the immunization requirements of the immigration law. CDC will explore this requirement from a public health perspective to ensure that technical guidance provided to the Immigration and Naturalization Service and the Department of State to assist them in implementing this law does not interfere with the ability of doctors to exercise sound medical judgment regarding their patients.

Campbell Gardett asked that I ensure that you are aware that this is what we will tell the Post.

Background
As you probably recall, the 1996 amendments to the Immigration Act required immunizations for the first time as part of the medical examination aliens must pass before they are given a permanent resident visa. We provided technical and medical guidance to INS and DOS. INS decided that the new requirement would go into effect on July 1, 1997.

In general, the international adoption community believes that children adopted abroad and brought to the U.S. by American parents should be exempt from the new requirement. They argue that vaccines and vaccine practice may not be safe in some foreign countries and that the scanty medical records of foreign orphans are generally insufficient to allow determination of whether a medical contraindication may exist. INS believes they do not have authority to grant a blanket waiver to adoptees.

We are receiving many calls from the Hill and others about this issue, and we are working with INS and DOS to determine what, if anything, can be done to assuage the concerns of the international adoption community.

Our next immunization update meeting with you is scheduled for July 7. We will be prepared to discuss this more thoroughly at that time if you wish. If you need more information before then, please call me.

Bob Irwin

cc: Cambell Gardett, Mary Beth Donohue, Irene Bueno, David Hohman

1. Accuracy of health records of adopted children.

In general, immigrants and refugees provide limited health records to the panel physician during the medical examination process. Although we have no data on this subject, we do not expect any better health records to be available for adopted children, and because of their young age, their health records may be more limited. Immunization records may or may not be included in the health record of a child in an orphanage. Any immunization records provided to the panel physician are carefully reviewed to determine whether the documents are valid and accurate. The health records available to the panel physician examining a child overseas may be better, but likely no less than, those records available to a physician in the United States examining the same child on entry into the United States.

phone # 690-6786

TO: Bill Corr, COS
Linda Sanches, ASPE
Joyce Jones, OIA
Carol Roddy, OASH

FROM: Irene Bueno, ASL

DATE: March 31, 1997

Attached for your review on guidelines on the immunization provision of the immigration bill that became law last year.

CDC in consultation with INS and State have drafted the attached interim guidelines. Since this law became effective last year, there is some urgency to finalize these guidelines as soon as possible.

I have scheduled a briefing with CDC staff on Wednesday, 4/~~2~~ at 3:30 pm in my office, 406G.

Please let me know if you have any questions.

Thank you.

4/8 Tues pm - Hill
[redacted]
State Health Dept - alert
Manufacturers - Bob Erwin
(Pen Ident?)

[redacted] AS THD
INS
State Dept. > own groups

(b) PASSPORT AND VISA OFFENSES.—The United States Sentencing Commission shall promptly promulgate, pursuant to section 994 of title 28, United States Code, amendments to the sentencing guidelines to make appropriate increases in the base offense level for offenses under chapter 75 of title 18, United States Code to reflect the amendments made by section 130009 of the Violent Crime Control and Law Enforcement Act of 1994.

Subtitle C—Revision of Grounds for Exclusion and Deportation

SEC. 341. PROOF OF VACCINATION REQUIREMENT FOR IMMIGRANTS.

(a) IN GENERAL.—Section 212(a)(1)(A) (8 U.S.C. 1182(a)(1)(A)) is amended—

(1) by redesignating clauses (ii) and (iii) as clauses (iii) and (iv), respectively, and

(2) by inserting after clause (i) the following new clause:

"(ii) who seeks admission as an immigrant, or who seeks adjustment of status to the status of an alien lawfully admitted for permanent residence, and who has failed to present documentation of having received vaccination against vaccine-preventable diseases, which shall include at least the following diseases: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B and hepatitis B, and any other vaccinations against vaccine-preventable diseases recommended by the Advisory Committee for Immunization Practices,".

(b) WAIVER.—Section 212(g) (8 U.S.C. 1182(g)) is amended by striking ", or" at the end of paragraph (1) and all that follows and inserting a semicolon and the following:

"in accordance with such terms, conditions, and controls, if any, including the giving of bond, as the Attorney General, in the discretion of the Attorney General after consultation with the Secretary of Health and Human Services, may by regulation prescribe;

"(2) subsection (a)(1)(A)(ii) in the case of any alien—

"(A) who receives vaccination against the vaccine-preventable disease or diseases for which the alien has failed to present documentation of previous vaccination,

"(B) for whom a civil surgeon, medical officer, or panel physician (as those terms are defined by section 34.2 of title 42 of the Code of Federal Regulations) certifies, according to such regulations as the Secretary of Health and Human Services may prescribe, that such vaccination would not be medically appropriate, or

"(C) under such circumstances as the Attorney General provides by regulation, with respect to whom the requirement of such a vaccination would be contrary to the alien's religious beliefs or moral convictions; or

"(3) subsection (a)(1)(A)(iii) in the case of any alien, in accordance with such terms, conditions, and controls, if any, including the giving of bond, as the Attorney General, in the discretion of the Attorney General after consultation with the Secretary of Health and Human Services, may by regulation prescribe.".

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to applications for immigrant visas or for adjustment of status filed after September 30, 1996.

SEC. 342. INCITEMENT OF TERRORIST ACTIVITY AND PROVISION OF FALSE DOCUMENTATION TO TERRORISTS AS A BASIS FOR EXCLUSION FROM THE UNITED STATES.

(a) IN GENERAL.—Section 212(a)(3)(B) (8 U.S.C. 1182(a)(3)(B)) is amended—

(1) by redesignating subclauses (III) and (IV) of clause (i) as subclauses (IV) and (V), respectively;

(2) by inserting after subclause (II) of clause (i) the following new subclause:

"(III) has, under circumstances indicating an intention to cause death or serious bodily harm, incited terrorist activity,"; and

(3) in clause (iii)(III), by inserting "documentation or" before "identification";

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act and shall apply to incitement regardless of when it occurs.

SEC. 343. CERTIFICATION REQUIREMENTS FOR FOREIGN HEALTH-CARE WORKERS.

Section 212(a)(5) (8 U.S.C. 1182(a)(5)) is amended—

(1) by redesignating subparagraph (C) as subparagraph (D), and

(2) by inserting after subparagraph (B) the following new subparagraph:

"(C) UNCERTIFIED FOREIGN HEALTH-CARE WORKERS.—Any alien who seeks to enter the United States for the purpose of performing labor as a health-care worker, other than a physician, is excludable unless the alien presents to the consular officer, or, in the case of an adjustment of status, the Attorney General, a certificate from the Commission on Graduates of Foreign Nursing Schools, or a certificate from an equivalent independent credentialing organization approved by the Attorney General in consultation with the Secretary of Health and Human Services, verifying that—

"(i) the alien's education, training, license, and experience—

"(I) meet all applicable statutory and regulatory requirements for entry into the United States under the classification specified in the application;

"(II) are comparable with that required for an American health-care worker of the same type; and

"(III) are authentic and, in the case of a license, unencumbered;

"(ii) the alien has the level of competence in oral and written English considered by the Secretary of Health and Human Services, in consultation with the

Dear Civil Surgeon:

On September 30, 1996, the U.S. Congress amended the Immigration and Nationality Act by revising the health-related grounds of inadmissibility. A new subsection, **PROOF OF VACCINATION REQUIREMENTS FOR IMMIGRANTS**, has been added and this new subsection requires any alien who seeks an immigrant visa or adjustment of status for permanent residence to show proof of having received vaccination against certain vaccine-preventable diseases. Congress also amended the Act to allow the alien to apply for a waiver if: (1) the alien receives the vaccines that were initially missing, (2) the vaccine(s) would not be medically appropriate, or (3) compliance with the vaccination requirement would be contrary to the alien's religious beliefs or moral convictions. This new vaccination requirement applies to all adjustment of status applicants and must therefore be incorporated into the medical exam process. This new vaccination requirement has necessitated that instructions be developed so that civil surgeons can include the new requirement as part of the medical examination. The instructions are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the United States Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunizations, including safe and effective immunization schedules. **These new immunization instructions shall apply to all medical examinations and are now in effect.**

Enclosed are the technical instructions and guidance for implementing the new vaccination requirements. These new instructions on immunization should be added to the document Technical Instructions for Medical Examination of Aliens in the United States, June 1991, and be included in the medical examination of all applicants. It is anticipated that the Technical Instructions for Medical Examination of Aliens in the United States and The Medical Examination of Aliens Seeking Adjustment of Status Form (I-693), will be revised later this year to formally include these changes. Please note that civil surgeons should continue to give aliens the medical report in a sealed envelope for presentation to INS, however, a **copy** of the supplemental form to I-693 indicating the alien's immunization history should be given to aliens for their personal records.

If you have any questions about the new immunization instructions, please write or contact me by fax (404) 639-2599. Also, we would appreciate receiving any comments or suggestions you might have on the new vaccination requirements.

Thank you for including this new requirement in the medical examination process.

Sincerely yours,

Robert Wainwright, M.D.
Director
Division of Quarantine
National Center for Infectious Diseases

Enclosure

**"ADDENDUM TO THE
TECHNICAL INSTRUCTION FOR
MEDICAL EXAMINATION OF ALIENS IN THE UNITED STATES
JUNE 1991"**

VACCINATION REQUIREMENTS FOR IMMIGRANTS

March 1997

Background

These instructions and the accompanying tables are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the United States Centers for Disease Control and Prevention (CDC). The ACIP makes general recommendations on immunizations, including safe and effective immunization schedules, for individuals in the United States. These recommendations are directed to health care providers who are in clinical and preventive medicine and who usually provide continuing care, including immunizations. However, because vaccine circumstances and disease prevalence often differ in other countries, and since civil surgeons normally see applicants only one time, ACIP's recommendations are not completely translatable to immigrants applying for adjustment of status in the United States. As a result, these instructions and tables have been developed to provide guidance to civil surgeons performing the medical examination in the United States. The following documents are provided to complement the written instructions below:

1. Table 1, Requirements for Routine Vaccination of Immigrants/Refugees who are not Fully Vaccinated (or Have no Documentation) and Examined in the United States.
2. Table 2, *Major Contraindications to Vaccinations* Listed on Table 1.
3. Table 3, Vaccine Schedule for Routine Immunizations.
4. Chart 1, *Procedure for Determining Vaccinations Status for Each Vaccine.*

5. Supplemental Form to I-693.

Summary of Vaccination Requirements

Vaccinations Required

In general, an applicant must be administered a single dose of each vaccine listed in Table 1 as part of the medical examination.

Exceptions

1. If the applicant has already received a full series of a particular vaccine (or is immune to that disease), no further doses of that vaccine are required.

or

2. A dose of a particular vaccine is not required if a waiver is requested for that vaccine.

Waivers

Waivers are available under two circumstances:

1. Blanket waivers are available when receipt of a vaccine would not be medically appropriate (categories detailed below).
2. Individual waivers are available based on an individual's religious or moral objection to vaccination.

INS will determine whether the applicant is eligible to receive a particular waiver.

Procedure for Determining Vaccination Status for Each Vaccine

1. Written Vaccination History

Obtain the applicant's written record of vaccine history (applicant's personal immunization record). Refer to Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine.* Transfer the applicant's vaccine history to the Vaccine History

section of Supplemental Form to I-693. Only those doses of vaccine that include date of receipt (month, day and year) are acceptable. Self-reported doses of vaccine without written documentation are not acceptable.

2. **Vaccination Series Complete Prior to Medical Examination**

Review the applicant's records to determine whether the applicant has received a complete series of each vaccine, or has evidence of immunity to a disease for which vaccination is required.

A. Check "Yes" in the "Completed Series or Fully Immune" box, if complete for a particular vaccine, or if there is written laboratory evidence of immunity to one of the following four diseases: measles, mumps, rubella, or hepatitis B, or in the case of chickenpox (varicella), if there is a reliable history of the disease (e.g., dermatologic manifestations). (Applicants who present such evidence of immunity require no further vaccination against those diseases.) (Note the date of the laboratory test, or observation regarding varicella, on the Supplemental Form to I-693).

B. If the vaccine history indicates that the applicant has received a complete series of **each** vaccine (or is immune to a disease for which a vaccine series has not been completed), check the box in section 3 for "Vaccine history complete for each vaccine, all requirements met."

3. **Vaccination Series Incomplete Prior to Medical Examination - Administration of Vaccines During Medical Examination or Application for Waiver(s)**

If the vaccine history shows that the applicant has not received a complete series of each vaccine (or no evidence of immunity), administer a single dose of each missing vaccine at the time of the medical examination,[1] note the date in the appropriate box in section 2, and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above," **except** do not administer a dose under the following circumstances that require application for a blanket "Not Medically Appropriate" waiver:

A. **Not Age Appropriate**

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, check the "Not appropriate age" waiver box.

B. **Contraindication**

Table 2 shows the major contraindications to vaccination for each required vaccine. If the applicant has a contraindication, check the "Contraindication" waiver box for that vaccine.

C. **Insufficient Time Interval Between Doses**

Table 3 is the recommended routine schedule for vaccines administered in the United States. If a dose of a required vaccine has been administered prior to the medical examination, and the minimum interval for receipt of the next dose has not passed, check the "Insufficient time interval" waiver box for that vaccine.

D. **Seasonal Administration of Influenza Vaccine**

Influenza vaccine must be administered to age appropriate applicants only during the flu season (Fall). Check the "Not Flu Season" waiver box at other times of the year.

E. **Religious or Moral Objection to Vaccination**

When an applicant objects to vaccination based on religious or moral grounds, check the box in section 3 for "Applicant will request an individual waiver based on religious or moral convictions."

4. **Vaccination Series Incomplete <u>After</u> Medical Examination - Waiver**

Completion of a vaccine series is not required to conclude the immigration medical examination, since such a requirement would require multiple visits to the civil surgeon and could lead to unnecessary delay in the immigration process. If administration of the single dose of a vaccine at the time of the medical examination **does not complete** the series for that vaccine, check the "Insufficient time interval" waiver box to indicate that additional doses would be required to complete the series for that vaccine (and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above").

5. **Vaccination Series Complete After Medical Examination**

If administration of the single dose of a vaccine at the time of the medical examination completes the series for that vaccine, check "Yes" in the "Completed Series or Fully Immune" box.

6. **Immunization Requirements Not Met - No Waiver Application**

If the applicant's vaccine history is incomplete, and the applicant refuses administration of a single dose of each missing vaccine or is ineligible for a waiver, check the box in section 3 for "Applicant does not meet immunization requirements."

7. **Copy of Supplemental Form to I-693**

A completed **copy** of Supplemental Form to I-693 must be provided to each applicant. Continue furnishing the medical exam report to the alien in a sealed envelope for submission to INS. Note: Only the civil surgeon should complete the Supplemental Form to I-693.

8. The civil surgeon should counsel all applicants who do not have a complete series for a vaccine to seek a private physician who can assist the applicant in becoming fully vaccinated.

[**Footnote**] [1]The civil surgeon may refer the applicant to another health care provider to receive required vaccinations. In such a case, the civil surgeon should not complete the Supplemental Form to I-693 until the applicant returns with a written record from

the referral health care provider that notes the vaccines administered and the dates of administration.

Dear Panel Physician:

On September 30, 1996, the United States Congress amended the Immigration and Nationality Act by revising the health-related grounds of inadmissibility. A new subsection, **PROOF OF VACCINATION REQUIREMENTS FOR IMMIGRANTS**, has been added and this new subsection requires any alien who seeks an immigrant visa to show proof of having received vaccination against certain vaccine-preventable diseases. Congress also amended the Act to allow the alien to apply for a waiver if : (1) the alien receives the vaccines that were initially missing, (2) the vaccine(s) would not be medically appropriate, or (3) compliance with the vaccination requirement would be contrary to the alien's religious beliefs or moral convictions. This new vaccination requirement applies to all immigrant visa applicants and must therefore be incorporated into the medical exam process. This new vaccination requirement has necessitated that instructions be developed so that panel physicians can include the new requirement as part of the medical examination. The instructions are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the United States Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunization, including safe and effective immunization schedules. **These new immunization technical instructions shall apply to all medical examinations and are now in**

effect.

Enclosed are the technical instructions and guidance for implementing the new vaccination requirements. These new instructions on immunization should be added to the document Technical Instructions for Medical Examination of Aliens, June 1991, and be included in the medical examination of all applicants. It is anticipated that the Technical Instructions for Medical Examination of Aliens and The Medical Examination of Applicants for United States Visas Optional Form (OF-157), will be revised later this year to formally include these changes. Please note that panel physicians must give a **copy** of the supplemental form to OF-157 to all applicants for their personal records.

If you have any questions about the new immunization instructions, please write or contact me by fax at (404) 639-2599. Also, we would appreciate receiving any comments or suggestions you might have on the new vaccination requirements.

Thank you for including this new requirement in the medical examination process.

Sincerely yours,

Robert Wainwright, M.D.
Director
Division of Quarantine
National Center for Infectious Diseases

Enclosure

"ADDENDUM TO THE TECHNICAL INSTRUCTION FOR MEDICAL EXAMINATION OF ALIENS JUNE 1991"

VACCINATION REQUIREMENTS FOR IMMIGRANT VISA APPLICANTS

March 1997

Background

These instructions and the accompanying tables are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the United States Centers for Disease Control and Prevention (CDC). The ACIP makes general recommendations on immunizations, including safe and effective immunization schedules, for individuals in the United States. These recommendations are directed to health care providers who are in clinical and preventive medicine and who usually provide continuing care, including immunizations. However, because vaccine circumstances and disease prevalence often differ in other countries, and since panel physicians normally see applicants only one time, ACIP's recommendations are not completely translatable to practices that occur in foreign countries. As a result, these instructions and tables have been developed to provide guidance to panel physicians performing the medical examination. The following documents are provided to complement the written instructions below:

1. Table 1, Requirements for Routine Vaccination of Immigrants/Refugees who are not Fully Vaccinated (or Have no Documentation) and Examined Overseas.
2. Table 2, *Major Contraindications to Vaccinations* Listed on Table 1.
3. Table 3, Vaccine Schedule for Routine Immunizations.
4. Chart 1, *Procedure for Determining Vaccinations Status for Each Vaccine.*
5. Supplemental Form to OF-157.

Summary of Vaccination Requirements

Vaccinations Required

In general, an applicant must be administered a single dose of each vaccine listed in Table 1 as part of the medical examination.

Exceptions

1. If the applicant has already received a full series of a particular vaccine (or is immune to that disease), no further doses of that vaccine are required.

or

2. A dose of a particular vaccine is not required if a waiver is requested for that vaccine.

Waivers

Waivers are available under two circumstances:

1. Blanket waivers are available when receipt of a vaccine would not be medically appropriate (categories detailed below).
2. Individual waivers are available based on an individual's religious or moral objection to vaccination.

The consul officer will determine whether the applicant is eligible to receive a particular waiver.

Procedure for Determining Vaccination Status for Each Vaccine

1. **Written Vaccination History**

Obtain the applicant's written record of vaccine history (applicant's personal immunization record). Refer to Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine.* Transfer the applicant's vaccine history to the Vaccine History section of Supplemental Form to OF-157. Only those doses of vaccine that include date of receipt (month, day and year) are

acceptable. Self-reported doses of vaccine without written documentation are not acceptable.

2. **Vaccination Series Complete Prior to Medical Examination**

Review the applicant's records to determine whether the applicant has received a complete series of each vaccine, or has written laboratory evidence of immunity to a disease for which vaccination is required (note the date of such laboratory evidence on the Supplemental Form to OF-157).

A. Check "Yes" in the "Completed Series or Fully Immune" box, if complete for a particular vaccine, or if there is written evidence of immunity to one of the following four diseases: measles, mumps, rubella, or hepatitis B. (Applicants who present written laboratory evidence of immunity require no further vaccination against those diseases.)

B. If the vaccine history indicates that the applicant has received a complete series of **each** vaccine (or is immune to a disease for which a vaccine series has not been completed), check the box in section 3 for "Vaccine history complete for each vaccine, all requirements met."

3. **Vaccination Series Incomplete Prior to Medical Examination - Administration of Vaccines During Medical Examination or Application for Waiver(s)**

If the vaccine history shows that the applicant has not received a complete series of each vaccine (or no evidence of immunity), administer a single dose of each missing vaccine at the time of the medical examination,[1] note the date in the appropriate box in section 2, and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above," **except** do not

administer a dose under the following circumstances that require application for a blanket "Not Medically Appropriate" waiver:

A. **Not Age Appropriate**

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, check the "Not appropriate age" waiver box.

B. **Contraindication**

Table 2 shows the major contraindications to vaccination for each required vaccine. If the applicant has a contraindication, check the "Contraindication" waiver box for that vaccine.

C. **Insufficient Time Interval Between Doses**

Table 3 is the recommended routine schedule for vaccines administered in the United States. (You may also wish to consult your country's vaccination schedule, which may be available from your Ministry of Health or the vaccine manufacturer.) If a dose of a required vaccine has been administered prior to the medical examination, and the minimum interval for receipt of the next dose has not passed, check the "Insufficient time interval" waiver box for that vaccine.

D. **Seasonal Administration of Influenza Vaccine**

Influenza vaccine must be administered to age appropriate applicants only during the flu season

(Fall). Check the "Not Flu Season" waiver box at other times of the year.

E. **Vaccine Unavailable in Country Where Medical Examination Performed**

When a required vaccine is not licensed and/or available in the country where the medical examination is performed, check the "Vaccine unavailable in country" waiver box for that vaccine.

F. **Religious or Moral Objection to Vaccination**

When an applicant objects to vaccination based on religious or moral grounds, check the box in section 3 for "Applicant will request an individual waiver based on religious or moral convictions."

4. **Vaccination Series Incomplete <u>After</u> Medical Examination - Waiver**

Completion of a vaccine series is not required to conclude the immigration medical examination, since such a requirement would require multiple visits to the panel physician and could lead to unnecessary delay in the immigration process. If administration of the single dose of a vaccine at the time of the medical examination **does not complete** the series for that vaccine (or the series requirements are not known), check the "Insufficient time interval" waiver box to indicate that additional doses would be required to complete the series for that vaccine (and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above").

5. **Vaccination Series Complete After Medical Examination**

If administration of the single dose of a vaccine at the time of the medical examination completes the series for that vaccine, check "Yes" in the "Completed Series or Fully Immune" box.

6. **Immunization Requirements Not Met - No Waiver Application**

If the applicant's vaccine history is incomplete, and the applicant refuses administration of a single dose of each missing vaccine or is ineligible for a waiver, check the box in section 3 for "Applicant does not meet immunization requirements."

7. **Copy of Supplemental Form to OF-157**

A completed **copy** of Supplemental Form to OF-157 must be provided to each applicant. Note: Only the panel physician should complete the Supplemental Form to OF-157.

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

[**footnote**] [1]The panel physician may refer the applicant to another health care provider to receive required vaccinations. In such a case, the panel physician should not complete the Supplemental Form to OF-157 until the applicant returns with a written record from the referral health care provider that notes the vaccines administered and the dates of administration.

Table 1. **REQUIREMENTS FOR ROUTINE VACCINATION OF IMMIGRANTS/~~REFUGEES~~ WHO ARE NOT FULLY VACCINATED (OR HAVE NO DOCUMENTATION) AND ARE EXAMINED OVERSEAS. (all vaccines may be given at the same time in different sites of the body)**

Vaccine	Age						
	Birth-1 month	2-11 months	12 months-4 years	5-6 years	7-17 years	18-64 years	65 years or older
DTP; may include DT *	NO	YES			NO		
Td *	NO				YES		
Hib *	NO	YES		NO			
Polio; IPV or OPV *	NO	YES			NO		
Measles or MR or MMR *	NO	YES, if born after 1956 (If dose given prior to 12 months of age, repeat dose)			NO		
Mumps if MMR * not used	NO	YES, if born after 1956			NO		
Rubella if MR or MMR * not used	NO	YES, if born after 1956			NO		
Hepatitis B	YES				NO		
Varicella	NO	YES					
Pneumococcal	NO						YES
Influenza	NO						YES annually, each flu season

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 2. **MAJOR CONTRAINDICATIONS TO VACCINATIONS LISTED ON TABLE 1.**

Vaccine	**Major contraindication** **(Reasons to not give vaccine)**
DTP *	Neurologic or severe hypersensitivity reaction to prior dose
Td *	Neurologic or severe hypersensitivity reaction to prior dose
Hib *	None identified
Polio	Pregnant; anaphylactic allergy to neomycin or streptomycin; and additionally for OPV *: vaccine recipient or household contact with immunosuppressive therapy or immunodeficiency
Measles (or MR or MMR *)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Mumps (if MMR * not used)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Rubella (if MR or MMR * not used)	Pregnant or receiving immunosuppressive therapy or immunodeficiency; receiving immune globulin received within prior 5 months
Hepatitis B	Anaphylactic allergy to yeast
Varicella	Pregnant; anaphylactic allergy to neomycin or gelatin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Pneumococcal	None identified
Influenza	Anaphylactic allergy to eggs

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Chart 1

Procedure for Determining Applicant's Vaccination Status for Each Vaccine.

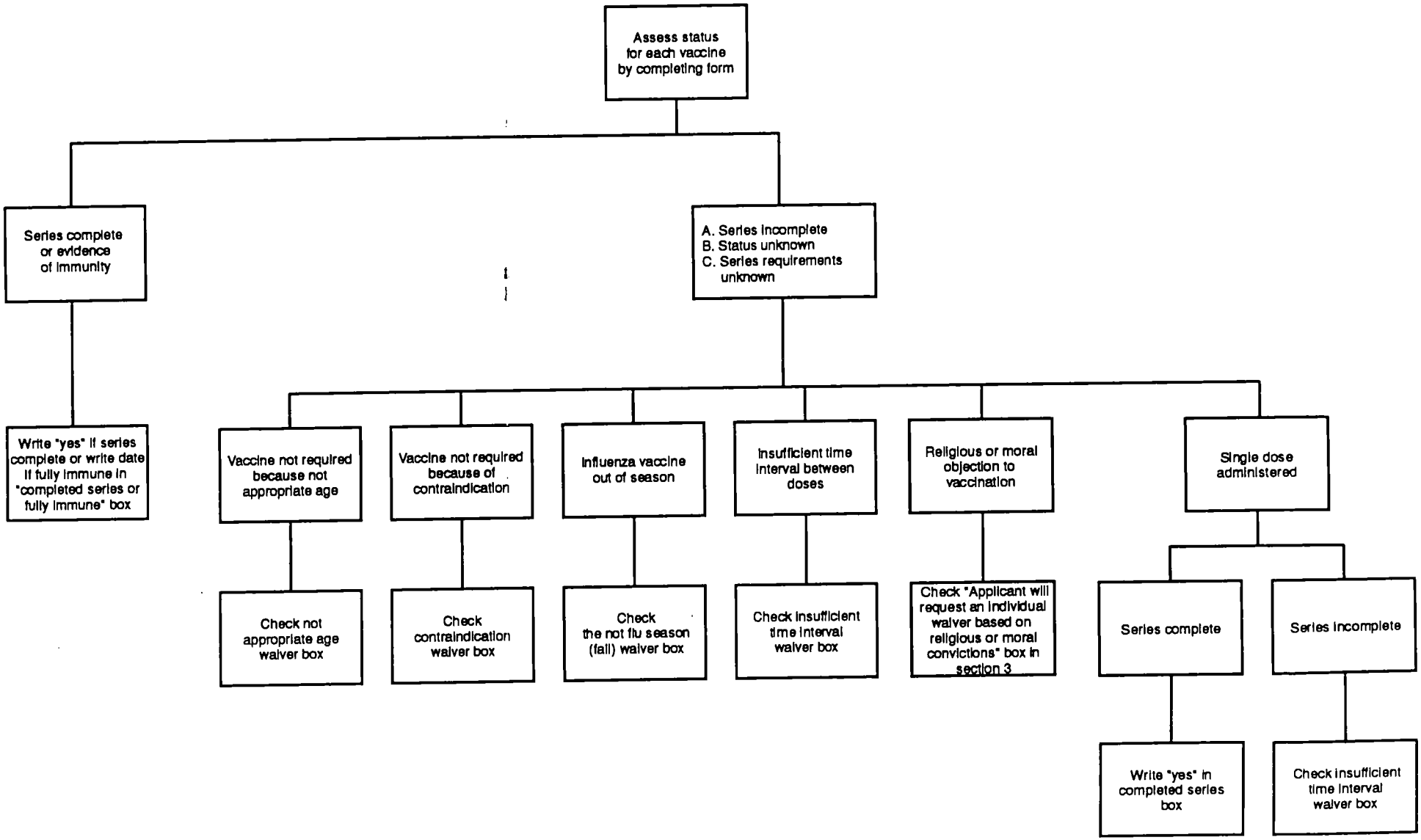
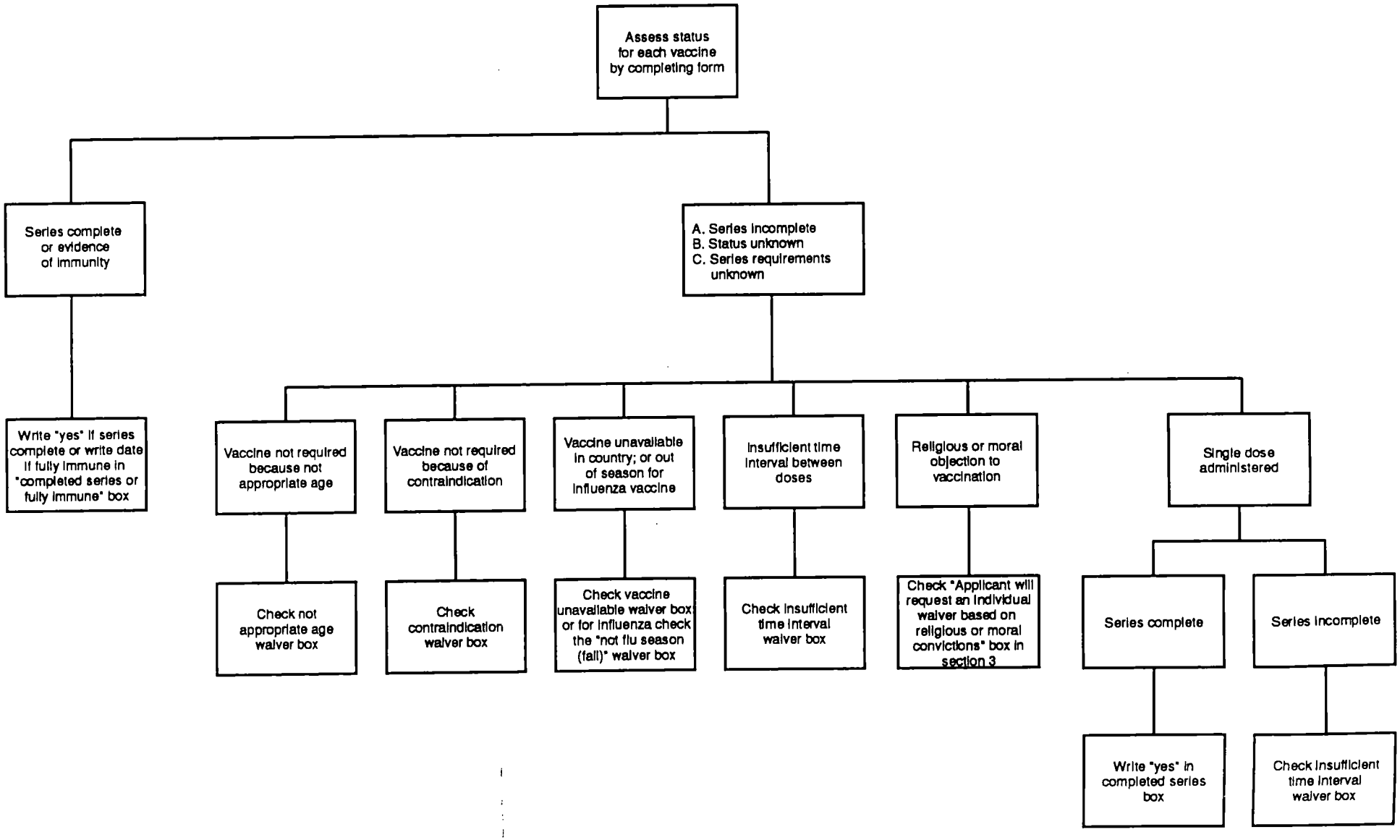


Chart 1

Procedure for Determining Applicant's Vaccination Status for Each Vaccine.



SUPPLEMENTAL FORM TO I-693

Adjustment of Status Applicant's Documentation of Immunization
To be completed by civil surgeon only

1. Applicant Identifying Information

_____ Date of Birth_____
(Family) (Personal) (Middle) (Month, Day, Year)

____Male____Female Passport #_____ Country_____

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested from INS			
							Blanket			
							Not Medically Appropriate			
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Da/Yr		Not appropriate age	Contra-indication	Insufficient time interval	Not fall (flu) season
DT/DTP										////////
Td										////////
Polio (OPV/IPV)										////////
Measles (or MR or MMR)										////////
Mumps (or MMR)										////////
Rubella (or MR or MMR)										////////
Hib										////////
Hepatitis B										////////
Varicella										////////
Pneumococcal										////////
Influenza										

3. Results

☐ Applicant may be eligible for blanket waiver(s) as indicated above.
☐ Applicant will request an individual waiver based on religious or moral convictions.
☐ Vaccine history complete for each vaccine, all requirements met.
☐ Applicant does not meet immunization requirements.

4. Civil Surgeon's Identifying Information

Civil Surgeon's Name_____ Date_____
(print or type)

Civil Surgeon's Signature_____

SUPPLEMENTAL FORM TO OF-157

Visa Applicant's Documentation of Immunization
To be completed by panel physician only

1. Applicant Identifying Information

_____ Date of Birth_____
(Family) (Personal) (Middle) (Month, Day, Year)

____Male____Female Passport #_____ Country_____

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested				
							Blanket				
							Not Medically Appropriate				
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Panel Phy. Mo/Day/Yr		Not appropriate age	Contra-indication	Vaccine unavailable in country	Insufficient time interval	Not fall (flu) season
DT/DTP											////////
Td											////////
Polio (OPV/IPV)											////////
Measles (or MR or MMR)											////////
Mumps (or MMR)											////////
Rubella (or MR or MMR)											////////
Hib											////////
Hepatitis B											////////
Varicella											////////
Pneumococcal											////////
Influenza											

3. Results

☐ Applicant may be eligible for blanket waiver(s) as indicated above.

☐ Applicant will request an individual waiver based on religious or moral convictions.

☐ Vaccine history complete for each vaccine, all requirements met.

☐ Applicant does not meet immunization requirements.

4. Panel Physician's Identifying Information

Panel Physician's Name_____ Date_____
(print or type)

Panel Physician's Signature_____

Table 1. **REQUIREMENTS FOR ROUTINE VACCINATION OF ADJUSTMENT STATUS APPLICANTS WHO ARE NOT FULLY VACCINATED (OR HAVE NO DOCUMENTATION) AND EXAMINED IN THE UNITED STATES. (all vaccines may be given at the same time in different sites of the body)**

Vaccine	Age						
	Birth-1 month	**2-11 months**	**12 months-4 years**	**5-6 years**	**7-17 years**	**18-64 years**	**65 years or older**
DTP; may include DT *	NO	YES			NO		
Td *	NO				YES		
Hib *	NO	YES		NO			
Polio; IPV or OPV *	NO	YES			NO		
Measles or MR or MMR *	NO	YES, if born after 1956 (if dose given prior to 12 months of age, repeat dose)				NO	
Mumps if MMR * not used	NO	YES, if born after 1956				NO	
Rubella if MR or MMR * not used	NO	YES, if born after 1956				NO	
Hepatitis B	YES				NO		
Varicella	NO	YES					
Pneumococcal	NO					YES	
Influenza	NO					YES annually, each fall (flu) season	

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 2. **MAJOR CONTRAINDICATIONS TO VACCINATIONS LISTED ON TABLE 1.**

Vaccine	**Major contraindication** **(Reasons to not give vaccine)**
DTP *	Neurologic or severe hypersensitivity reaction to prior dose
Td *	Neurologic or severe hypersensitivity reaction to prior dose
Hib *	None identified
Polio	Pregnant; anaphylactic allergy to neomycin or streptomycin; and additionally for OPV *: vaccine recipient or household contact with immunosuppressive therapy or immunodeficiency
Measles (or MR or MMR *)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Mumps (if MMR * not used)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Rubella (if MR or MMR * not used)	Pregnant or receiving immunosuppressive therapy or immunodeficiency; receiving immune globulin received within prior 5 months
Hepatitis B	Anaphylactic allergy to yeast
Varicella	Pregnant; anaphylactic allergy to neomycin or gelatin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Pneumococcal	None identified
Influenza	Anaphylactic allergy to eggs

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 3. VACCINE SCHEDULE FOR ROUTINE IMMUNIZATIONS *

Vaccine	Vaccine Schedule ***
Tetanus and Diphtheria Toxoids combined and Pertussis Vaccine (DTP)	Three doses 4-6 weeks apart, fourth dose 6-12 months after third, fifth dose at 4-6 years old, if fourth dose given after four years old, no need for fifth dose at 4-6 years old. No need to repeat doses if the schedule is interrupted.
Tetanus and Diphtheria Toxoids Combined (Td)	Two doses 4-6 weeks apart, third dose 6-12 months after the second. No need to repeat doses if the schedule is interrupted. Boosters- single dose every 10 years following completion of DTP/DT/Td series.
Haemophilus influenzae type b Conjugated Vaccine	Three doses 2 months apart (for PedvaxHIB® [Merck] vaccine 2 doses only).
Poliovirus Vaccine: IPV - Inactivated vaccine; OPV - Oral (live) vaccine	OPV or IPV - two doses at 4-8 week intervals, third dose 6-12 months after second.
Measles Vaccine or MR or MMR**	At least one dose on or after first birthday.
Mumps Vaccine or MMR†	At least one dose on or after first birthday.
Rubella Vaccine or MR or MMR**	At least one dose on or after first birthday.
Hepatitis B Vaccine	Three doses: first two 1 month apart, third dose 6 months after first. No need to start series over if schedule interrupted. Can start series with one manufacturer's vaccine and finish with another.
Varicella Vaccine	Two doses separated by 4-8 weeks. If >8 weeks elapse following the first dose, the second dose can be administered without restarting the schedule. CHILDREN LESS THAN 13 YEARS OLD (12 months through 12 years): ONE DOSE ONLY.
Pneumococcal Vaccine	One dose
Influenza Vaccine	One dose annually each fall (flu) season

* Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP).
**These vaccines can be given in the combined form measles-mumps-rubella (MMR) or measles-rubella (MR). Persons already immune to one or more components can still receive MMR.
† This vaccine can be given in the combined form measles-mumps-rubella (MMR).
*** Number of doses required in a series and dose intervals may vary with vaccines used outside of the United States.

220700

JON KYL
ARIZONA
702 HART SENATE OFFICE BUILDING
(202) 224-4521
COMMITTEES:
JUDICIARY
INTELLIGENCE
ENERGY AND NATURAL RESOURCES

United States Senate

WASHINGTON, DC 20510-0304

November 12, 1996

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2200 EAST CAMELBACK ROAD
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PHOENIX, AZ 85016
(602) 640-1891
7315 NORTH ORACLE ROAD
SUITE 220
TUCSON, AZ 85704
(520) 575-8633

The Honorable Janet Reno
Attorney General of the United States
Department of Justice
10th and Constitution Avenue, N.W.
Washington, DC 20530

Dear Attorney General Reno:

We are writing to call to your attention a provision of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, recently signed into law as part of the FY 1997 Department of Defense Appropriations Act.

Section 341 of the new act requires that legal immigrants to the United States be vaccinated against certain vaccine-preventable diseases as recommended by the Advisory Committee on Immunization Practices (ACIP). Because this new vaccination requirement applies to applications for immigrant visas or for adjustments of status filed after September 30, 1996, it is important to develop departmental guidelines and regulations to implement this section as soon as possible.

Section 341 of this new immigration law classifies as excludable any alien who fails to prove he or she is free of specified vaccine-preventable diseases. Section 341 also sets forth those circumstances under which the Attorney General, in consultation with the Secretary of Health and Human Services, may waive this ground of exclusion.

As was stated in the conference report accompanying this legislation, it is anticipated that this waiver authority would be exercised in appropriate cases to permit admission of aliens where, for example, an alien has been unable to receive a safe dosage or vaccine in the alien's country of nationality, the alien is a child who is required to complete a series of vaccinations over a specified period of time and has not had reasonable opportunity to complete that course, or other appropriate circumstances.

As the two primary authors of the immunization language, we are interested in learning how and when you plan to implement the new law. We realize that the details involved in the change need to be worked out; however, the new law passed over a month

ago, and we are eager for it to be implemented. Please provide us by December 10 a detailed update on your plans for implementing section 341.

Thank you for your assistance in this matter. We look forward to hearing from you.

Sincerely,

JON KYL
United States Senator

BILL McCOLLUM
Member of Congress

JON KYL
ARIZONA
[illegible]
JUDICIARY
INTELLIGENCE
ENERGY AND NATURAL RESOURCES

United States Senate

[illegible]

November 14, 1996

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
Washington, DC 20201

Dear Madam Secretary:

We are writing to call to your attention a provision of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, recently signed into law as part of the FY 1997 Department of Defense Appropriations Act.

Section 341 of the new act requires that legal immigrants to the United States be vaccinated against certain vaccine-preventable diseases as recommended by the Advisory Committee on Immunization Practices (ACIP). Because this new vaccination requirement applies to applications for immigrant visas or for adjustments of status filed after September 30, 1996, it is important to develop departmental guidelines and regulations to implement this section as soon as possible.

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Sincerely,

JON KYL
United States Senator

BILL McCOLLUM
Member of Congress

United States Department of State

Deputy Assistant Secretary
for Visa Services

Washington, D.C. 20522-0113

December 2, 1996

David Satcher, M.D., PhD
Director
Centers for Disease Control and Prevention
1600 Clifton Road, Mailstop E-10
Atlanta, Georgia 30333

Dear Dr. Satcher:

As you are very much aware, the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 contained a provision requiring that legal immigrants to the United States receive vaccinations against specific diseases as recommended by the Advisory Committee on Immunization Practices (ACIP). Unlike other provisions in the Act which had delayed implementation dates, this requirement took effect once the Act was signed into law on September 30, 1996.

We have been in close contact with CDC's Division of Quarantine, and know that CDC has been actively engaged in working on interim guidance that would allow panel physicians and civil surgeons to implement the new vaccination requirements. We realize the medical, logistical, and legal complexities of this issue, and appreciate the significant efforts of the various CDC divisions involved in promulgating interim guidance. We understand that this guidance is now being cleared within CDC.

. It is of utmost importance that this clearance process be completed as soon as possible, in order that we can convey the interim instructions to panel physicians abroad and to immigrant visa applicants preparing for their medical exams and final interviews. We realize that providing vaccination requirements to the panel physicians before the U.S. Immigration and Naturalization Service has formulated waiver procedures will delay visa processing for those persons found ineligible under the new provision. This is nonetheless preferable to a complete suspension of immigrant visa processing worldwide, a measure that would affect over 50,000 immigrant visa applicants per month. We are prepared to take this step, however, if it appears that approved interim guidance will not be available to panel physicians within the next few days.

I would therefore urge you to take all necessary measures to ensure that the interim guidance to panel physicians be cleared as quickly as possible, to avoid any disruption in visa processing. We are fully committed to working with CDC on a close

and cooperative basis to convey the guidance to panel physicians and oversee its implementation.

Please do not hesitate to contact me at (202) 647-9584 or 663-1151 should you wish to discuss this matter further. I look forward to hearing from you at your earliest convenience.

Sincerely,

Donna J. Hamilton

JON KYL
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(202) 224-4521

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November 14, 1996

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Secretary
Department of Health and Human Services
Washington, DC 20201

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11-21-96 0004

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Thank you for your assistance in this matter. We look forward to hearing from you.

Sincerely,

JON KYL
United States Senator

BILL McCOLLUM
Member of Congress

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

The Honorable Jon Kyl
United States Senate
Washington, D.C. 20510-0304

Dear Senator Kyl:

Thank you for the opportunity to provide an update on the Department of Health and Human Services' (HHS) activities related to implementation of Section 341 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, recently signed into law as part of the fiscal year 1997 Department of Defense Appropriation Act.

As your letter indicates, the statute requires that legal immigrants seeking admission to the United States or seeking to adjust their status to that of legal permanent resident of the United States, be vaccinated against certain vaccine-preventable diseases as recommended by the Advisory Committee on Immunization Practices (ACIP). Waivers may also be granted as authorized by the statute.

The Centers for Disease Control and Prevention (CDC) is conferring with the Department of State (DOS) and the Department of Justice's (DOJ), Immigration and Naturalization Service (INS), regarding the operational aspects of the law.

To assist the INS and the DOS in implementing their administrative responsibilities in accordance with the Immigration and Nationality Act, CDC is developing guidance for the performance of medical examinations by DOS panel physicians and DOJ civil surgeons. Upon completion, this guidance will include essential provisions that will protect the American public's health by ensuring that (1) immigrants are appropriately immunized, and (2) the incentive for immigrants to produce fraudulent documentation of vaccination is minimized. Among the issues being examined by CDC are: (1) the ACIP recommendations for age-appropriate vaccination for children, adolescents, and adult aliens; (2) availability of vaccines in foreign countries and current administration of those vaccines; and (3) proper circumstances for the granting of waivers.

In conjunction with DOS and DOJ, HHS will diligently pursue efforts to develop appropriate guidance to implement this law in a timely manner. I hope this information is helpful. An identical letter is being sent to Representative Bill McCollum who cosigned your letter.

Sincerely,

Donna E. Shalala

cc:
OD
CDC/W
OPPE
ES/OS
OS Reading File
HHS Official File
CDC Official File (Return to CDC, Atlanta)
CDC ID HCA00255; Doc. Name;Kyl.Sec
CDC:DSatcher:bas:11/27/96; (404) 639-7003;
Spelling Verifier Used by:BStewart:11/27/96
Prepared by:Lorna English, CDC, OPPE, (404) 639-7060
Contact:TMDurham, CDC, OD, (404) 639-7120

An Identical Letter:

The Honorable Bill McCollum
House of Representatives
Washington, D.C. 20515

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

The Honorable Bill McCollum
House of Representatives
Washington, D.C. 20515

Dear Mr. McCollum:

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Donna E. Shalala