

## USCIS Requirements for I-693 Examination & Immunization

Allcare Medical Clinic, 148 Park Ave North, Renton, WA 98057

Thank you for having your I-693 examination with us. Please read below to provide the age-appropriate information.

Required Minimum Immunization if your age is..	Vaccines Required (Subject change by USCIS) (Bring in original or photocopy of your immunization records. We can provide some of vaccines or do a blood tests for antibody level with extra charges if you are unable to find your records)	<u>Procedure/Comments:</u>
<b>65 and Over</b>	<ol style="list-style-type: none"> <li>1. Tetanus shot (Td) if you did not receive in last 10 years.</li> <li>2. Varicella (Chicken pox) vaccine if no history of disease/immunity.</li> <li>3. Pneumonia Vaccine (1 dose)</li> <li>4. Influenza (Flu Shot) during flu shot season</li> </ol>	<p><b>#1.</b> This is a special examination and does not replace the need for a comprehensive physical examination and other immunization updates from your primary care physician.</p> <p><b>#2.</b> You will be tested for <b>Syphilis</b> and <b>Gonorrhea</b> if you are 15 yrs or older. Positive test results will be reported to the health dept per applicable laws, and you will incur further expenses if confirmative tests/treatments are needed.</p> <p><b>#3.</b> You will given a <b>tuberculosis skin test</b> (if you are 2 yrs or older) unless you have documented proof of <b>prior positive skin test</b> or skin test is not medically appropriate due to blistering reaction to previous PPD test. A chest x-rays will be needed if your skin test is positive (5mm or more per USCIS). <u>(You will need to return between 48-72 hours for the skin test to be read by us).</u> You may require additional evaluations if your chest x-ray is abnormal.</p> <p><b>#4. Immunizations:</b> It is important that you provide us with your prior immunization history. Immunizations play an important role in prevention of many communicable diseases. <b><u>See the immunizations required on left side.</u></b> We recommend that you follow up with your personal physician to complete immunization series that may be appropriate to your age.</p> <p><b><u>Clinic Use:</u></b> <a href="#">(Vaccines/Ig screen needed to complete I-693 paper work &amp; other notes:</a></p>
<b>Between 19 - 65 yrs of age</b>	<ol style="list-style-type: none"> <li>1. Tetanus shot (Tdap/Td) if you did not receive in last (10) years.</li> <li>2. MMR (Measles, Mumps, Rubella) shots if born after 1957. (2 doses between age 1-18 yrs or one dose as an adult)</li> <li>3. Varicella (Chicken pox) vaccine if no history of disease/immunity.</li> <li>4. Flu vaccine (during flu shot season)</li> </ol>	
<b>Proof/Vaccines required for kids between 6-18 yrs of age</b> <i>(Flu shot required during flu season (For 6 mo.-18 yr old)</i>	<ol style="list-style-type: none"> <li>1. Hepatitis B vaccine series (3 doses)</li> <li>2. Polio vaccines (minimum 3-4 doses, with last dose after 4th B.day)</li> <li>3. DTP (or DTaP/Td) vaccines (minimum 3-4 doses, with last dose after 4th birth day)</li> <li>4. MMR (Measles, Mumps, Rubella) vaccines. (2 doses, at least one month apart, between age 1-18 yrs)</li> <li>5. Varicella (Chicken pox) vaccine (2 doses, at least one month apart, between age 1-18 yrs) if no history of chicken pox in past.</li> <li>6. Flu vaccine (during flu shot season) for kids 6 mo thru 18 yr) <b>( Extra Vaccines as below only for Kids 11 yr and older)</b></li> <li>7. Meningococcal vaccine for age 11 thru 18 yrs of age (1-2 doses)</li> <li>8. Tdap vaccine (if last DTP/TD &gt;5 yrs ago) (1 dose)</li> </ol>	
<b>Proof/Vaccines required for kids between 2-5 yrs of age</b>	<ol style="list-style-type: none"> <li>1. Hepatitis B vaccine series (3 doses)</li> <li>2. DTaP, Polio &amp; Hib vaccines (4 doses-last dose after 4th birth day)</li> <li>3. MMR vaccines (2 doses by age 4, at least 1 month apart)</li> <li>4. Varicella (Chicken pox) vaccine (2 doses at least a month apart)</li> <li>5. Flu vaccine (during flu shot season) for kids 6 month thru 18 yr)</li> </ol>	
<b>Proof/Vaccines required for kids less than 2 yrs of age</b>	<ol style="list-style-type: none"> <li>1. Hepatitis B vaccine (<b>starts at birth</b>)</li> <li>2. DTaP, Polio &amp; Hib vaccines (<b>starts at 2 month age</b>)</li> <li>3. MMR vaccines (<b>starts after 1st birthday</b>)</li> <li>4. Varicella (Chicken pox) vaccine (<b>starts after 1st birthday</b>)</li> <li>5. Rotavirus vaccine (oral) (<b>Only for infants 6 - 32 weeks of age</b>)</li> <li>6. Pneumonia vaccine (<b>for age 2 months thru 24 months</b>)</li> <li>7. Hepatitis A vaccine (<b>only for kids 12 thru 23 months of age</b>)</li> <li>8. Flu vaccine (<b>during flu shot season for kids 6 mo thru 18 yrs</b>)</li> </ol>	
<p><b>FOR CHILDREN</b>, their age will determine what vaccines &amp; how many doses he/she should have received by now. Bring in all of your immunization records for our doctor to review. We can provide/recommend any missing doses for us to complete your medical exam &amp; paperwork. Additional doses/series can be completed later with your own doctor.</p>		
<p><b>I understand the information presented as above and the dates and documents provided by me are legitimate.</b></p>		
<p><b>Patient Name:</b> _____ <b>DOB:</b> _____</p>		<p><b>Immunization documents/history reviewed by:</b> (Documents to be returned to patient)</p> <p><b>Physician/Provider's Signature &amp; date:</b></p> <p>X _____</p>
<p><b>Pt/Guardian's Signature:</b> X _____ <b>Date:</b> _____</p>		
<p><b>Interpreter's signature:</b> _____ <b>Date:</b> _____</p>		