## **USCIS Requirements for I-693 Examination & Immunization**

Thank you for having your I-693 examination with us. Please read below for the age-appropriate information (subject to change).			
Required Minimum Immunization if your age is	Vaccines Required (Subject to change by USCIS) Please bring in original or photocopy of your immunization record if any. If you are unable to find your records, we may find them on WA state immunization registry, can do antibody blood test for certain vaccines or required vaccinations may be completed thru your doctor or pharmacy or by us for an extra charge. 1. Tetanus shot (Td/Tdap) if you did not receive in last 10 years.	<ul> <li>Procedure/Comments:</li> <li>#1. 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.</li> <li>#2. You will be tested for Syphilis and Gonorrhea 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 or treatments are needed.</li> <li>#3. Effective 10/1/18, You will need a blood test for tuberculosis (if you are 2 yrs or older) unless you have documented proof of prior positive blood test. Chest x-rays will be needed if you have positive blood test for tuberculosis. You may require additional evaluations if your chest x-ray is abnormal.</li> <li>#4. Immunizations: It is important that you provide us with your prior immunization records. Immunizations play an important role in prevention of many communicable diseases. See the immunizations required on left side. We recommend that you follow up with your personal physician to complete immunization series that may be appropriate to your age.</li> <li>#5. Generally, your I-693 exam can be completed in about 4-5 business days. If your test results come abnormal, then it may take longer, and it may cost you extra.</li> </ul>	
65 and Over	<ol> <li>Pretanus shot (10/102p) if you did not receive in last 10 years.</li> <li>Varicella (Chicken pox) vaccine if no history of disease/immunity.</li> <li>Pneumonia Vaccine (1-2 doses).</li> <li>Flu Vaccine (during flu shot season as defined by USCIS)</li> </ol>		
Between 19 - 65 yrs of age	<ol> <li>Tetanus shot (Tdap/Td) if you did not receive in last (10) years.</li> <li>MMR (Measles, Mumps, Rubella) shots if born after 1957. (2 doses between age 1-18 yrs or one dose as an adult)</li> <li>Varicella (Chicken pox) vaccine if no history of disease/immunity.</li> <li>Flu vaccine (during flu shot season as defined by USCIS)</li> <li>Hep B vaccine for ages 19-59 yrs</li> </ol>		
Proof/Vaccines required for kids between 6-18 yrs of age (Flu shot required during flu season (For 6 mo18 yr old)	<ol> <li>Hepatitis B vaccine series (3 doses)</li> <li>Polio vaccines (minimum 3-4 doses, with last dose after 4th B.day</li> <li>DTP (or DTaP/Td) vaccines (minimum 3-4 doses, with last dose after 4th birth day)</li> <li>MMR (Measles, Mumps, Rubella) vaccines. (2 doses, at least one month apart, between age 1-18 yrs)</li> <li>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>Flu vaccine (during flu shot season) for kids 6 mo thru 18 yr)</li> <li>(Extra Vaccines as below for Kids 11 yr and older)</li> <li>Meningococcal vaccine for age 11 thru 18 yrs of age (1-2 doses)</li> <li>Tdap vaccine (if last DTP/TD &gt;5 yrs ago) (1 dose)</li> </ol>		
Proof/Vaccines required for kids between 2-5 yrs of age	<ol> <li>Hepatitis B vaccine series (3 doses)</li> <li>DTap, Polio &amp; HIB vaccines (4 doses-last dose after 4th birth day)</li> <li>MMR vaccines (2 doses by age 4, at least 1 month apart)</li> <li>Varicella (Chicken pox) vaccine (2 doses at least a month apart)</li> <li>Flu vaccine (during flu shot season) for kids 6 month thru 18 yr)</li> </ol>		
Proof/Vaccines required for kids less than 2 yrs of age	<ol> <li>Hepatitis B vaccine (starts at birth)</li> <li>DTap, Polio &amp; Hib vaccines (starts at 2 month age)</li> <li>MMR vaccines (starts after 1st birthday)</li> <li>Varicella (Chicken pox) vaccine (starts after 1st birthday)</li> <li>Rotavirus vaccine (oral) (Only for infants 6 - 32 weeks of age)</li> <li>Pneumonia vaccine (for age 2 months thru 24 months)</li> <li>Hepatitis A vaccine (only for kids 12 thru 23 months of age)</li> <li>Flu vaccine (during flu shot season for kids 6 mo thru 18 yrs)</li> </ol>	Clinic Use: (Vaccines/Ig screen needed to complete I-693 paper work & other notes by MA/provider:	
Covid 19 vaccine	Series must be completed for most all ages per CDC guidelines.		
I understand the information presented as above and the dates and documents provided by me are legitimate.			
Patient Name: DOB:			
Pt/Guardian' s Signature: X Date:			
Interpreter's signature:Date:			