

**Vaccination Table: (for US Immigration applicants only)**

**Please fill in exact dates of all vaccinations.**

**Medications:**

**Operations:**

**NAME:**

**AGE:**

Age	COVID-19 (Specify type)	Tdap/Dtap (last 10 years)	MMR	Meningococcal	Hep A	Hep B	Varicella (verbal history)	Pneumococcal Pnevnar-13	Flu shot (November- February)
0-1	✓ over 6 months	✓	✗	✗	✗	✓	✗	✓	✓over 6 months Nov-Feb
1-4	✓	✓	✓	✗	✓	✓	✓	✓	✓Nov-Feb
4-6	✓	✓	✓	✗	✓	✓	✓	✓ under age 5	✓Nov-Feb
7-17	✓	✓	✓	✓ age 11-17	✓	✓	✓	✗	✓Nov-Feb
18-64	✓	✓	✓	✗	✗	Under 60 ✓	✓	✗	✓Nov-Feb
over 65	✓	✓	✓ Born after 1956	✗	✗	✗	✓	✓ Pnevnr-20 or (Pneumovax-23+ Pnevnar-13)	✓Nov-Feb

✓-required  
✗-not required

**Signature/Stamp of Doctor**

**DATE:**

**Please fill in exact dates of all vaccinations.**

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