

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

Please fill in exact dates of all vaccinations.

Medications:

Operations:

NAME:

AGE:

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

✓-required  
✗-not required

Signature/Stamp of Doctor

DATE:

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