

Vaccination Table: (for US Immigration applicants only)

Please bring all documents to verify vaccinations.

Medications:

Operations:

NAME:

AGE:

Age	COVID-19 (within past year)	Tdap/Dtap Tetanus	MMR <i>Measles, Mumps, Rubella</i>	Meningococcal <i>Menactra or Nimenrix</i>	Hepatitis A	Hepatitis B	Varicella (verbal history)	Pneumococcal Pprevnar-13 or Pprevnar-20	Flu shot (November-February)
0-1	✓ over 6 months	✓	✗	✗	✗	✓	✗	✓	✓over 6 months Nov-Feb
1-4	✓ (within past year)	✓	✓	✗	✓	✓	✓	✓	✓Nov-Feb
4-6	✓ (within past year)	✓	✓	✗	✓	✓	✓	✓ under age 5	✓Nov-Feb
7-17	✓ (within past year)	✓ (Within the past 10 years)	✓	✓ age 11-17	✓	✓	✓	✗	✓Nov-Feb
18-64	✓ (within past year)	✓ (Within the past 10 years)	✓	✗	✗	Under 60 ✓	✓	✗	✓Nov-Feb
over 65	✓ (within past year)	✓ (Within the past 10 years)	✓ if born after 1956	✗	✗	✗	✓	✓ Pprevnar-20 or (Pneumovax-23+ Pprevnar-13)	✓Nov-Feb

- ✓-required
- ✗-not required

Please fill in exact dates of all vaccinations.

Dr. Zatzman's email: office955@rogers.com

Signature/Stamp of your Doctor DATE: