

**Vaccination Table: (for US Immigration applicants only)***Please bring all documents to verify vaccinations.***Medications:****Operations:****NAME:****AGE:**

Age	COVID-19 (no longer required)	Tdap/Dtap Tetanus/ IPV(polio)	MMR <i>Measles, Mumps, Rubella</i>	Meningococcal <i>MenQuadfi,, Menveo, or Nimenrix</i>	Hepatitis A	Hepatitis B	Varicella (verbal history)	Pneumococcal <div></div>	Flu shot (November-February)
0-1	✗	✓	✗	✗	✗	✓	✗	✓ Pevnar-13	✓over 6 months Nov-Feb
1-4	✗	✓	✓	✗	✓	✓	✓	✓ Pevnar-13	✓Nov-Feb
4-6	✗	✓	✓	✗	✓	✓	✓	✓ under age 5 Pevnar-13	✓Nov-Feb
7-17	✗	✓ (Within the past 10 years)	✓	✓ age 11-17 Men ACYW135	✓	✓	✓	✗	✓Nov-Feb
18-64	✗	✓ (Within the past 10 years)	✓	✗	✗	Under 60 ✓	✓	✗	✓Nov-Feb
over 65	✗	✓ (Within the past 10 years)	✓ if born after 1956	✗	✗	✗	✓	✓ Pevnar-20 or (Pneumovax-23+ Pevnar-13)	✓Nov-Feb

✓-required

✗-not required

**Please fill in exact dates of all vaccinations.****Dr. Zatzman 's email:** office955@rogers.com**Dr. Moussadji's email:** drmoussadji@gmail.com**Signature/Stamp of your Doctor    DATE:**