

# US VACCINE REQUIREMENTS

please bring this list to your doctor before your medical appointment and bring vaccine documentation to your visit

Age 65 yrs and older

**Tetanus** (Td or Tdap)- record of up to date vaccination (within the last 10 years)

**Varicella** (chicken pox) - history of disease, proof of immunity, or record of vaccination

**Pneumococcal** - record of Pneumovax 23

**Influenza** (Flu shot) - during flu season - Octpber to March

**Covid-19 Vaccine** - completed series (as per WHO or FDA)