

Age	USCIS VACCINE REQUIREMENTS (Visit > USCISclinic.com)
Birth – 1 month	NONE REQUIRED
2 – 11 months	<input type="checkbox"/> DTP/DTaP/DT <input type="checkbox"/> IPV/OPV <input type="checkbox"/> MMR** <input type="checkbox"/> Hib (2 – 59 months) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella <input type="checkbox"/> Pneumococcal (2-59 months) <input type="checkbox"/> Rotavirus (6 weeks – 8months)
12 mo – 6 years	<input type="checkbox"/> DTP/DTaP/DT <input type="checkbox"/> IPV/OPV <input type="checkbox"/> MMR** <input type="checkbox"/> Hib (2 – 59 months) <input type="checkbox"/> Hepatitis A & B <input type="checkbox"/> Varicella <input type="checkbox"/> Pneumococcal (2-59 months) <input type="checkbox"/> Influenza (most current FLU shot - annual (August to June) <input type="checkbox"/> COVID 19 (Min 1 previous shot plus a Covid-19 2023-2024 version)
7 -10 years	<input type="checkbox"/> Influenza: most current FLU shot - annual (August to June) <input type="checkbox"/> COVID 19 Vaccines X2 ; plus 2023-2024 version required <input type="checkbox"/> Td/Tdap *** [if incomplete records or missing doses] <input type="checkbox"/> IPV/OPV <input type="checkbox"/> *MMR (if not immune/ incomplete / extended dose interval) <input type="checkbox"/> **Varicella (if not immune/ incomplete / extended dose interval) <input type="checkbox"/> ***Hepatitis A & Hepatitis B (if not immune/ incomplete / extended dose interval)
11- 17 years	<input type="checkbox"/> Influenza: most current FLU shot - annual (August to June) <input type="checkbox"/> COVID 19 Vaccines X 2; including 2023-2024 version <input type="checkbox"/> Tdap /Td <input type="checkbox"/> IPV/OPV <input type="checkbox"/> * MMR (if not immune/ incomplete / extended dose interval) <input type="checkbox"/> **Varicella (if not immune) <input type="checkbox"/> ***Hepatitis A & Hepatitis B (if not immune/ incomplete / extended dose interval) <input type="checkbox"/> Meningococcal [Men ACWY]
18 – 64 years	<input type="checkbox"/> Influenza: most current FLU shot - annual (August to June) <input type="checkbox"/> COVID 19 Vaccines X 2; including 2023-2024 version <input type="checkbox"/> Tdap (within last 10 years) <input type="checkbox"/> * MMR (if not immune/ incomplete / extended dose interval) <input type="checkbox"/> **Varicella ((if not immune/ incomplete / extended dose interval) <input type="checkbox"/> ***Hepatitis B (if not immune/ incomplete series) for < 60 yrs
65 years & Older	<input type="checkbox"/> Influenza: most current FLU shot - annual (August to June) <input type="checkbox"/> COVID 19 Vaccines X2; including 2023-2024 version <input type="checkbox"/> Tdap (within last 10 years) <input type="checkbox"/> Pneumococcal: 1 dose PCV15 & PPSV23 OR 1 Dose PCV 20 (Valid for 5-10 years) <input type="checkbox"/> **Varicella <input type="checkbox"/> Shingles vaccine (optional)

- ❖ * MMR needed if born in 1957 or later. Interval between doses not to exceed 1 month in adults.
- ❖ ** Acceptable Varicella dose intervals: If < 13 years old: 3 months apart if > 13 years old: 1 month apart
- ❖ *** Hepatitis B Vaccine Schedule: #1 @ 0 month → #2 @ 1 month-→ # 3 @ 6 months

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