

<b>USCIS LAB TESTS REQUIRED by Age</b>	
<b>AGE</b>	<b>TEST</b>
6 mo. to 18 Yr.	<input type="checkbox"/> <b>QuantiFERON TB</b>
18 – 24 Yr.	<input type="checkbox"/> QuantiFERON TB Blood Test <input type="checkbox"/> Gonorrhea NAAT Urine Test <input type="checkbox"/> Syphilis RPR, T pallidum IgG <input type="checkbox"/> Immunity Screen Option if no vaccination records <ul style="list-style-type: none"> <li>○ MMR (Measles, Mumps, Rubella)</li> <li>○ VZV Ig Varicella (Chickenpox)</li> <li>○ Hepatitis B Surface Antibody</li> </ul>
25 -45 Yr.	<input type="checkbox"/> QuantiFERON TB Blood Test <input type="checkbox"/> Syphilis RPR, T pallidum IgG <input type="checkbox"/> Immunity Screen option if no vaccination records <ul style="list-style-type: none"> <li>○ MMR (Measles, Mumps, Rubella)</li> <li>○ VZV Ig Varicella (Chickenpox)</li> <li>○ Hepatitis B Surface Antibody</li> </ul>
46 – 60 Yr.	<input type="checkbox"/> QuantiFERON TB Blood Test <input type="checkbox"/> Immunity Screen option if no vaccination records <ul style="list-style-type: none"> <li>○ MMR (Measles, Mumps, Rubella)</li> <li>○ VZV Ig Varicella (Chickenpox)</li> <li>○ Hepatitis B Surface Antibody</li> </ul>
60 – 65 Yr.	<input type="checkbox"/> QuantiFERON TB Blood Test <input type="checkbox"/> Immunity Screen option if no vaccination records <ul style="list-style-type: none"> <li>○ MMR (Measles, Mumps, Rubella)</li> <li>○ VZV Ig Varicella (Chickenpox)</li> </ul>
66 Yr. & older	<input type="checkbox"/> QuantiFERON TB Blood Test <input type="checkbox"/> Immunity Screen option if no vaccination records for Varicella
Note>	<input type="checkbox"/> <b>Chest X- Ray is required if QuantiFERON TB test is Positive</b>
<p>Contact for more info</p> <p><b>Neema Malhotra, MD, USCIS Clinic , P.C.</b></p> <p><b>(408) 684-8600, <a href="http://uscisClinic.com">uscisClinic.com</a></b></p> <p><b>98 S Abel St, Milpitas CA 95035 &amp; 2730 Union Ave, San Jose CA 95124</b></p>	