ADULTS			
Vaccine	Other Vaccine Name	Required	Age (in years)
TDaP/TD	Diphtheria Tetanus Pertussis	1 dose in last 10 years	10 and up
MMR	Measles Mums Rubella (done separately acceptable)	2 doses	born 1957 or later
Varicella	Chicken Pox	2 doses or date of disease	1 and up
Meningococcal	Meningitis	1 dose over lifetime	11 to 18
Pneumococcal	Pneumonia	1 dose over lifetime	65 and up
Influenza	Flu during flu season 10/1 to 3/31	1 dose every year	50 and up
	ecommended immunizations based on age be documented in writing with English translation attac	hed	
	the immigration exam:		
•	kin test for Tuberculosis or you have a choice to send blo	ood test to the lab	
	our blood and submit it to the Laboratory for testing		
. We would collect	your urine and submit to laboratory for testing		
Vhat is not include	d:		
Laboratory charge	es (blood test for syphilis and urine test for gonorrhea ar	e required)	

2. Any additional immunizations you may need. We would advise you on what you need and will offer you this vaccines during the exam.