

Immunization Schedule

Periodicity Schedule

Birth	Hep B	Routine Screenings	3-5 day	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr		
2 months	Pentacel Hep B Prevnar Rotateq	H/H ¹							X																						
4 months	Pentacel Prevnar Rotateq	Lead							X		X																				
6 months	Pentacel Hep B Prevnar Rotateq Flu	Lipid Panel ²																		X ²	---	---									
9 months	Flu (?)	BMI									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
12 months	MMR Varivax Prevnar Hep A	Blood Pressure												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
15 months	Dtap Hib	Hearing													X	X	X		X		X					X				X	
18 months	Hep A	Vision ³												X	X	X	X		X		X					X				X	
4 years	Proquad Kinrix	Post Partum Depression	X	X	X	X	X																								
11 years	Menactra Gardasil Tdap	MCHAT									X	X																			
16 years	Menactra Bexsero	PEDS (Development)						X			X	X																			
		PSC (Mental Health)																		X	X										
		Adolescent Questionnaire																				X	X	X	X	X	X	X	X	X	
		GC/C and HIV ⁴																									X ⁴	---	---	---	---
		Fluoride Varnish ⁵					X ⁵	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Vaccine Timing Tips

Hep A	2 doses separated by at least 6 months
Flu	2 doses separated by at least 1 month 1st yr, then 1 dose annually
HPV	2 doses separated by at least 6 months, 9-14 yr
Bexsero	2 doses separated by at least 1 month, 16-18 yr

Vaccine Trade Names

Pentacel	Dtap, IPV, & Hib
Prevnar	Pneumococcal
Rotateq	Rotavirus
Proquad	MMR & Varicella
Kinrix	Dtap & IPV
Gardasil	HPV
Menactra	Meningococcal ACY W-135
Bexsero	Meningococcal B

Periodicity Schedule Notes

- 1.) **MD:** Assess risk factors for anemia in females 13 yr and older
- 2.) **Clinical Staff/MD:** Check lipid panel once age 9-11, again age 17-21
- 3.) **Clinical Staff/MD:** Check vision for all sports physicals
- 4.) **MD:** STI testing: Check GC/C annually if sexually active
-Check HIV once age 15-18 (repeat based on risk factors)
- 5.) **MD:** Apply fluoride varnish every 2-3 months from 6 months to 5 years
-At PCP or dental office