

**WELL CHILD CHECK SCHEDULE
&
IMMUNIZATION RECOMMENDATIONS**

AGE		VACCINATIONS
1 st week	Wt./Ht./Head/Temp	none
2 months	Wt./Ht./Head/Temp	Pediarix, Hib, Prevnar Rota Teq (oral)
4 months	Wt./Ht./Head/Temp	Pediarix, Hib, Prevnar Rota Teq (oral)
6 months	Wt./Ht./Head/Temp	Pediarix, Hib, Prevnar Flu Shot (if in season)
9 months	1 st lead assessment (Finger stick, 9-15 mo)	High
12 months		MMR, Varicella- Chicken Pox
15 months		Dtap, Hib, Prevnar
18 months	2 nd Lead assessment (Finger stick, 18mos.-3yrs)	Hep A
2 years	BMI (Body Mass Index)	
3 years	Vision, Hearing	
4 years	Vision, Hearing, U/A (optional)	
5 years	Vision, Hearing	Dtap, Hib, Prevnar Mantoux
6 years	Vision, Hearing	Mantoux
8 years	Vision, Hearing	Mantoux
10 years	Vision, Hearing	Mantoux
12 years	Vision, Hearing	Dtap, Mantoux
14 years	Vision, Hearing	U/A, Hgb, Mantoux, Pap, STD Screen, Chlam Screen
16 years	Vision, Hearing	U/A, Hgb, Mantoux, Pap, STD Screen, Chlam Screen
18 years	Vision, Hearing	U/A, Hgb, Mantoux, Pap, STD Screen, Chlam Screen
20 years	Vision, Hearing	U/A, Hgb, Mantoux, Pap, STD Screen, Chlam Screen