

| AGE         | Well Child & Immunization Schedule  |
|-------------|---|
| 3-5 Days    | Hep B if not given already, weight check, exam  |
| 2 Weeks     | Repeat PKU, growth check, exam  |
| 1 Month     | Hep B, exam   |
| 2 Months    | DTap, Hib, IPV, Pevnar, Rota, exam  |
| 4 Months    | DTap, Hib, IPV, Pevnar, Rota, exam  |
| 6 Months    | DTaP, Hib, IPV, Pevnar, Rota, Flu (during season),exam  |
| 9 Months    | Hep B, Anemia and lead tests, exam  |
| 12 Months   | MMR, Varicella, HepA, exam  |
| 15 Months   | DTaP, Hib, Pevnar, exam   |
| 18 Months   | HepA, exam  |
| 2 Years     | Anemia and lead tests, exam   |
| 3 Years     | Exam  |
| 4 Years     | DTaP, IPV, MMR, Varicella, Hearing and Vision check, exam   |
| 5 Years     | Check Hearing and Vision if unable at 4 years, exam   |
| 6 Years     | Hearing and Vision testing, urine/cholesterol as needed, exam   |
| 7 Years     | Hearing and Vision testing, urine/cholesterol as needed, exam   |
| 8 Years     | Hearing and Vision testing, urine/cholesterol as needed, exam   |
| 9 Years     | Hearing and Vision testing, urine/cholesterol as needed, exam   |
| 10 Years    | Hearing and Vision testing, urine/cholesterol as needed, exam   |
| 11-21 Years | Anemia, urine tests as needed, Hearing and Vision tests<br>Meningococcal , Tdap at 11+ years, HPV(3 doses) for girls at 11+ yrs |