



## IMMUNIZATION SCHEDULE-OFFICE VISITS

<b><u>2 Days After Hospital:</u></b> No immunizations	<b><u>15 Months:</u></b> Varicella (chicken pox) #1
<b><u>2 Weeks:</u></b> No immunizations	Hepatitis A #1
<b><u>4 Weeks:</u></b> Hepatitis B #1	<b><u>18 Months:</u></b> dTaP #4
<b><u>6 Weeks:</u></b> Pentacel #1 (dTaP/IPV/ HiB)	HIB #4
Rotateq #1 (oral)	<b><u>2 Years:</u></b> Hepatitis A #2
<b><u>2 Months:</u></b> Prevnar-13 #1	Digital Eye Test (iScreen)
<b><u>3 Months:</u></b> Rotateq #2 (oral)	<b><u>2½ Years:</u></b> Annual flu vaccine only
<b><u>4 Months:</u></b> Pentacel #2	<b><u>3 Years:</u></b> Digital Eye Test (iScreen)
<b><u>5 Months:</u></b> Prevnar-13 #2	<b><u>4 Years:</u></b> ProQuad (MMR #2/Varicella #2)
Rotateq #3 (oral)	<b>(must be 4 yrs.)</b> Kinrix (dTaP #5/IPV #4)
<b><u>6 Months:</u></b> Hepatitis B #2	<b><u>5 Years:</u></b> Vision/Hearing Screen
Pentacel #3	Blood Lead Level, CBC, cholesterol
Flu shot #1 (2 <sup>nd</sup> dose 1 month after 1 <sup>st</sup> dose)	<b><u>6-9 Years:</u></b> Annual physical assessment
<b><u>9 Months:</u></b> Prevnar-13 #3	<b><u>10-11 Years:</u></b> TdaP Booster
Hepatitis B #3	<b>(must be 10 or older)</b> Menactra #1 (Meningococcal C) #1
Hemoglobin (finger prick)	<b><u>12-15 Years:</u></b> Gardasil 9 (HPV 9) (series of 2)
<b><u>12 Months:</u></b> Prevnar-13 #4	<b><u>16 Years:</u></b> Menactra #2
<b>(must be over 1)</b> MMR #1	Trumenba (Meningococcal B) (series of 2)
Digital Eye Test (iScreen)	

ANNUAL FLU VACCINES ARE AVAILABLE FOR THE ENTIRE FAMILY