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**IMMUNIZATION SCHEDULE**

AGE IMMUNIZATIONS/LABS

|  |  |
| --- | --- |
| Birth | HepB#1  Newborn Screen (NBS) #1  Hearing Screen |
| 3-5 days | Weight check  Jaundice screen  Feeding Evaluation |
| 1-2 weeks | NBS #2 |
| 1 month | Weight Check  TB questionnaire  Vit D supplementation as needed |
| 2 months | Pentacel  Prevnar  HepB  RotaTeq |
| 4 months | Pentacel  Prevnar  RotaTeq  Anemia Risk Assessment (Hgb/Hct if +) |
| 6 months | Pentacel  PCV,  Hep B,  RotaTeq,  Flu (seasonal)  Lead Screen,  TB screen (PPD if +),  Fluoride supplementation as needed. |
| 9 months | Lead Screen (blood test if +)  Developmental Screening |
| 12 months\*\* | PCV  MMR  Varivax  Hep A  **Lead Screen\*** (+risk/Medicaid),  PPD  Hgb/Hct |
| 15months | DTaP  HiB  Hgb/Hct |
| 18 months | HepA  Hgb/Hct  Lead (no previous screen or change in risk)  TB questionnaire  Developmental Screen  Autism Screen (M-CHAT) |
| 2 year | CBC  PPD  M-CHAT  Vision  Hgb/Hct  **Lead (+risk/Medicaid)\***  **Lipid panel (if high risk)** |
| 2.5 year | Developmental Screen  Lipid Panel (if needed)  MCHAT |
| 3 year | TB questionnaire  Hearing  **Vision**  **Blood pressure**  Lead (if not previously screened at 1-2 yrs) |
| 4 year\*\* | DTaP  IPV  MMR  Varicella  PPD  Vision  Hearing  Hgb/Hct  **Lipid Panel (if high risk)** |
| 5 and 6 year | Catch-up immunizations  Vision  Hearing  PPD (if not done previous year)  Lipid panel as needed |
| 7 and 8 year | Catch-up immunizations  Vision  Hearing |
| 9 and 10 year | Consider HPV vaccine  Lipid Panel if not previously done  Vision  Hearing |
| 11 and 12 year | Tdap  HPV (3 doses)  Menactra  Vision  Hearing  Lipid Panel as necessary  Anemia risk Assessment (Hgb/Hct as needed) |
| 16 year | Menactra  Anemia risk assessment (esp. females) |

**\*\*12 month and 4 year well visits must be on or after birthday\*\***

**Description of Immunizations/Tests:**

**CBC** Complete blood count

**DTaP/Tdap** Diphtheria, tetanus and acellular pertussis vaccine

**Hep A**  Hepatitis A vaccine

**Hep B** Hepatitis B vaccine

**HIB** Haemophilus influenzae type b vaccine

**IPV**  Inactivated polio vaccine

**MMR** Measles, mumps, and rubella vaccine

**Pediarix** Vaccine consisting of DTaP, Hep B, IPV

**NBS** Newborn Screen (test for 27 rare disorders)

**TB Questionnaire/PPD** Screen to assess tuberculosis risk, skin test if necessary

**Prevnar** Pneumococcal conjugate vaccine (PCV)

**Varivax** Varicella (chicken pox) vaccine

**RotaTeq** Rotavirus oral vaccine

**HPV** Human papillomavirus vaccine (Gardisil or Cervarix)

**Menactra** Meningococcal vaccine

**M-CHAT** Modified Checklist for autism in toddlers

**Lead Screen** Lead Screen questionnaire, blood test if high risk. Lead\* is universal screen at 12 months and 2 years.

**Anemia Risk Assessment** Preterm/LBW, not on iron-fortified formula??, adolescent female

**Hgb/Hct** Hemoglobin/Hematocrit

**Blood Pressure** Blood Pressure measurements become part of the physical exam beginning at age 3 years.