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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 CheckTB questionnaire Vit D supplementation as needed |
| 2 months | PentacelPrevnar HepBRotaTeq  |
| 4 months | PentacelPrevnar RotaTeq Anemia Risk Assessment (Hgb/Hct if +) |
| 6 months | PentacelPCV, 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), PPDHgb/Hct |
| 15months | DTaPHiB Hgb/Hct  |
| 18 months | HepA Hgb/Hct Lead (no previous screen or change in risk) TB questionnaireDevelopmental 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 PPDVision 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 vaccineLipid Panel if not previously done Vision Hearing |
| 11 and 12 year | Tdap HPV (3 doses)Menactra VisionHearing Lipid Panel as necessary Anemia risk Assessment (Hgb/Hct as needed) |
| 16 year | MenactraAnemia 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.