# Schedule of Appointments and Immunizations Step by Step Pediatrics

The following is a general schedule for well-child visits, immunizations and screening tests. Vaccines will be explained in detail at each visit, as well as potential side effects of which to be aware. Various "screening" tests are done to see if your child is at risk for a particular disease; some are done for all patients, others are based on risk factors and are done on an individual basis.

# Please note: our Doctors recommend that your child be given his/her 1st dose of Hepatitis B vaccine at birth, prior to hospital discharge.

VISIT (by age)

#### **IMMUNIZATIONS/TESTS**

Newborn visit (5-7 days of age)		
2 weeks (if necessary)	Weight Check Only With Nursing Staff	
1 month	Hepatitis B #2	
2 months	Pentacel (DTaP, HIB, IPV combined), Prevnar, Rotateq, Hepatitis B #2 (if not given at 1 mo)	
4 months	Pentacel (DTaP, HIB, IPV combined), Prevnar, Rotateq	
6 months	Pentacel (DTaP, HIB, IPV combined), Prevnar, Rotateq, Hepatitis B #3	
9 months	Hemoglobin (anemia screen)	
12 months	Hepatitis A, MMR, Prevnar, Varivax	
	Lead Screen (if indicated)	
	Hemoglobin (if not screened at 9 months)	
15 months	Pentacel (DTaP, HIB, IPV combined)	
18 months	Hepatitis A	
	M-CHAT (developmental screen)	
2 years (check-ups done yearly	Lead Screen (if indicated)	
beginning at 2 years of age	M-CHAT (developmental screen)	
5 years	DTaP, IPV, ProQuad (MMR, Varivax combined)	
	Vision/Hearing Screen	
	Cholesterol Screen (if indicated)	
	Hemoglobin (anemia screen if indicated)	
	Urinalysis (if indicated)	
6-10 years	Vision/Hearing Screen (if indicated)	
-	Cholesterol Screen or Fasting Lipid Profile - age 10	
	Urinalysis (if indicated)	
	Hepatitis A (if not previously administered)	
	Varivax (if not previously administered)	
11 years	Tdap, Menactra	
	Hepatitis B (if not previously administered)	
	Gardasil (2 doses, six months apart)	
13-18 years	Hemoglobin (anemia screen if indicated)	
	Cholesterol Screen (if indicated)	
	Urinalysis (if indicated)	
	Menactra (16 year visit), Men-B (16-18 year visit), Tdap (16-18 year visit)	
ANNUALLY	Influenza Vaccine (above 6 months of age)	

## Vaccine Total Doses

## **Description of Vaccine**

DTaP:	5	Diphtheria, Tetanus and Pertussis (whooping cough) combined
Gardasil:	2	Human Papilloma Virus Vaccine (3-doses needed if >15 yrs of age)
HIB:	4	Haemophilus Influenza Type B Vaccine
IPV:	4	Polio Vaccine
MMR:	2	Measles, Mumps and Rubella
Menactra:	2	Serogroup A,C,Y,W Meningococcal Conjugate Vaccine
Men-B:	2	Serogroup B Meningococcal Vaccine
Prevnar:	4	Strep Pneumoniae (Pneumococcal Conjugate) Vaccine
Rotateq:	3	Rotavirus Vaccine (oral vaccine)
Tdap:	1	Tetanus, Diphtheria and Pertussis (Whooping cough) Booster
Hep B:	3	Hepatitis B Vaccine
Hep A:	2	Hepatitis A Vaccine
Varivax:	2	Chickenpox Vaccine