

# Children's Wellness Center

## Immunization Schedule and Well Care Guidelines

### Newborn

- Immunizations
- o Hep B #1 (If not done in hospital)

### 1 month

- Immunizations
- o Hep B #2

### 2 month

- Immunizations
- o Pentacel #1, Prevnar #1, Rotarix #1

### 4 month

- Immunizations
- o Pentacel #2, Prevnar #2, Rotarix #2

### 6 month

- Immunizations
- o Pentacel #3, Prevnar #3

### 9 month

- Immunizations
- o Hep B #3
- Hgb
- Lead screen (and blood test if indicated)

### 12 months

- Immunizations
- o MMR #1, Varivax #1, Hep A #1
- TB screen (and PPD if indicated)

### 15 months

- Immunizations
- o DTaP #4, Hib #4, Prevnar #4 (or Pentacel and Prevnar)

## 18 months

- Immunizations
  - o Hep A #2
- M-CHAT

## 24 months

- Hgb
- Lead screen (and blood test if indicated)
- TB screen

## 3 years

- Lead screen (if never screened before)
- TB screen

## 4 years

- Immunizations
  - o MMR #2, Varivax #2, IPV #4, DTaP #5
- TB screen

## 5 years

- Immunizations (if not done at 4 yrs)
- Hgb
- TB screen

## 6-10 years

- Annually wellness check

## 11-12 years

- Immunizations
  - o Tdap, Menactra, Gardasil
- Annually wellness check

## 13-18 years

- Hgb (at risk only—e.g., menstruating females)
- Annually wellness check

\*Developmental screening at every well visit 2mo – 5 yrs

\*\* Health education every well visit 6 yrs – 18 yrs

\*\*\*Urine dips are not recommended for routine screening and will only be done at the doctor's discretion.