



ROUTINE WELL VISIT & VACCINE SCHEDULE

0-2 week Well Baby Check-Up and Vaccines
Hepatitis B # 1

2 month Well Baby Check-Up and Vaccines
ASQ Developmental Questionnaire
DTaP/IPV/HIB #1 (Combination Vaccine)
Rotavirus # 1
Hepatitis B# 2
Pneumococcal Conjugate # 1

4 month Well Baby Check-Up and Vaccines
ASQ Developmental Questionnaire
DTaP / IPV / HIB # 2 (Combination Vaccine)
Rotavirus # 2
Pneumococcal Conjugate # 2

6 month Well Baby Check-Up and Vaccines
Must be 6 months of age or older for vaccines.
DTaP / IPV / HIB # 3 (Combination Vaccine)
Rotavirus # 3
Pneumococcal Conjugate # 3

9 month Well Baby Check-Up and Vaccine
ASQ Developmental Questionnaire
Hepatitis B# 3
Fluoride Varnish

12 month Well Baby Check-Up and Vaccines
Must be on or after the 12-month birthday for vaccines.
ASQ Developmental Questionnaire
MMR # 1
Varicella # 1
Pneumococcal Conjugate # 4
Hepatitis A # 1
TB Questionnaire (PPD if needed)
CBC
Fluoride Varnish

15 month Well Baby Check-Up and Vaccines
DTaP / IPV / HIB # 4 (Combination Vaccine)
TB Questionnaire (PPD if needed)
Fluoride Varnish

18 month Well Baby Check-Up and Vaccines
ASQ & MCHAT Developmental Questionnaires
Hepatitis A # 2
TB Questionnaire (PPD if needed)
Fluoride Varnish

24 month Well Child Check-Up
ASQ & MCHAT Developmental Questionnaires
TB Questionnaire (PPD if needed)
Catch up any missed vaccines

30 month Well Child Check-Up

ASQ & MCHAT Developmental Questionnaires
TB Questionnaire (PPD if needed)
Catch up any missed vaccines
Fluoride Varnish

3 year Well Child Check-Up

Blood Pressure / Heart Rate
Vision Screen
Catch up any missed vaccines

4 year Annual Well Child Check-Up & Vaccines
Must be on or after the 4-year birthday for vaccines.

DTaP # 5
IPV # 5
MMR / Varicella # 2 (Combination Vaccine)
Vision / Hearing Screen
Blood Pressure / Heart Rate

5-10 years Annual Well Child Check-Up

Vision / Hearing Screen
Blood Pressure / Heart Rate

11-12 years Annual Well Child Check-Up & Vaccines

Tdap
Meningococcal Vaccine (#1)
Human Papillomavirus Vaccine (Gardasil) series
Vision / Hearing Screen
Blood Pressure / Heart Rate
PHQ-9 Questionnaire (12 years only)

13-15 years Annual Well Child Check-Up

Vision / Hearing Screen
Blood Pressure / Heart Rate
Catch up any missed vaccines
PHQ-9 Questionnaire

16-18 years Annual Well Child Check-Up & Vaccines

Meningococcal Vaccine (#2)
Vision / Hearing Screen
Blood Pressure / Heart Rate
PHQ-9 Questionnaire

Influenza vaccine is recommended yearly for all children age 6 months and older (especially individuals with certain risk factors: asthma, diabetes, chronic lung disease, congenital heart disease). Please ask your pediatrician or nurse for more information.

For more information on vaccines, please visit these websites:
www.southwestchildrenscenter.com
www.aap.org