

Advocare Vernon Pediatric & Family Care

Recommended Visit & Immunization Schedule

< 1 week	Wt, Ht, HC Obtain release —NB screen	Hepatitis B vaccine (HBV) #1 (if not given in Newborn Nursery) If no Newborn hearing test, OAE
2 weeks	Wt, EPDS screen Check for NB screen	
1 month	Wt, Ht, HC, EPDS Confirm receipt—NB screen	HBV #2 OAE if did not pass Newborn Hearing
2 months	Wt, Ht, HC	Dtap #1, HiB #1, IPV #1, Prev #1, Rota #1
4 months	Wt, Ht, HC	Dtap #2, HiB #2, IPV #2, Prev #2, Rota #2
6 months	Wt, Ht, HC	Dtap #3, HiB #3, IPV #3, Prev #3, Rota #3 Influenza vaccine if indicated (seasonal)
9 months	Wt, Ht, HC Labslip for Hgb/Pb	IPV #3 (if due)HBV #3 (if not given at 6 months) Influenza vaccine if indicated (seasonal) OAE for NICU graduates
12 months	Wt, Ht, HC Check to see if labs done Pediavision	Prev #4, Hepatitis A (Hep A) #1, MMR, Varicella #1 (chickenpox), Influenza vaccine if indicated (seasonal)
15 months	Wt, Ht, HC	Dtap #4, Hib #4, Varicella #1 – if not given @ 12 months. Influenza vaccine if indicated (seasonal)
18 months	Wt, Ht, HC MCHAT Labslip for Hgb/PB	Hep A #2 Influenza vaccine if indicated (seasonal)
2 & 3 years	Wt, Ht, HC Pediavision @ 2 years MCHAT BP & BMI Pediavision @ 3 years Check to see if 2-year labs done	Influenza vaccine if indicated (seasonal)
2 ½ years	Wt, Ht, HC, check to see if 2-year labs done	Influenza vaccine if indicated (seasonal)
4-6 years	Wt, Ht, BP, Pulse, Resp UA @ 4 years. Hearing @ 4 years Vision: eye chart, if uncooperative Pediavision	Dtap #5, IPV #4, MMR #2, Varicella #2 - **required prior to starting kindergarten** Alternative: Quadracel (Dtap + IPV) and PROQUAD (MMR + VZV)
7-10 years	Wt, Ht, BP, Pulse, Resp. Vision	Influenza vaccine if indicated (seasonal)
11 years	Wt, Ht, BP, Pulse, Resp. Vision, UA Hearing (OAE)	Menactra (meningococcal), Tetanus and Pertussis (Tdap), Gardasil (HPV #1), Follow up for HPV #2 & #3 as directed by office staff. Influenza vaccine if indicated (seasonal)
12-15 years	Wt, Ht, BP, Pulse, Resp. Vision PHQ 2	Gardasil (HPV) if indicated Influenza vaccine if indicated (seasonal)
16-18 years	Wt, Ht, BP, Pulse, Resp. Vision, Hearing (OAE) PHQ-2	Menactra – booster as indicated – (5 years after initial dose) Meningitis B (Trumenba) college PE's if indicated Influenza vaccine if indicated (seasonal)
Over 18 years	Wt, Ht, T, Pulse Resp, Vision, Bright Futures until age 21 PHQ-2	Influenza vaccine if indicated (seasonal) Gardasil booster if indicated Tetanus booster if indicated Meningitis B (Trumenba) college PE's if indicated