



**Pediatric and Adolescent Health Partners  
Well Visit Guidelines and Immunization Schedule 2016**

**At your child's visit these activities are planned, depending upon his/her age:**

1. Measurements: Height and Weight with BMI, Growth Chart Plotting, as well as Blood Pressure
2. History of Well Being, any Ongoing Issues. Review of the Growth Chart
3. Physical Examination including any needed Laboratory Testing.
4. Child Care Advice: Nutrition, Safety, Cognitive-Emotional-Social Development.
5. Management advice and prescriptions for ongoing problems.
6. Immunizations and completion of any necessary forms you child or adolescent may need.

<b>AGE</b>	<b>LABS</b>	<b>TEST</b>	<b>IMMUNIZATIONS*</b>
<b>2- Weeks</b>			
<b>6- Weeks</b>			<b>(DTaP,Hib,IPV)=Pentacel Rotateq(oral), Prevnar 13</b>
<b>3- Months</b>			<b>(DTaP,Hib,IPV)=Pentacel Rotateq(oral), Prevnar 13</b>
<b>4 ½- Months</b>			<b>Rotateq(oral), Hib Hep B</b>
<b>6- Months</b>			<b>Prevnar 13, DTaP</b>
<b>9- Months</b>	<b>Hemoglobin (Hgb)</b>		<b>Hep B</b>
<b>12- Months</b>	<b>TB Risks</b>		<b>MMR, Prevnar 13</b>
<b>15- Months</b>			<b>Hep B, Varicella</b>
<b>18- Months</b>	<b>Hemoglobin (Hgb)</b>		<b>(DTaP,Hib,IPV)=Pentacel</b>
<b>2- Years</b>			<b>Hep A**</b>
<b>2 ½ - Years</b>			<b>Hep A**</b>
<b>3- years</b>	<b>Urine</b>	<b>Vision</b>	<b>Catch Up On Shots</b>
<b>4 -Years</b>	<b>Urine</b>	<b>Vision</b>	<b>MMR, DTaP</b>
<b>5 Years</b>	<b>Urine, TB Risks, Hgb, &amp; Lead</b>	<b>Vision, Hearing</b>	<b>Varicella, IPV</b>
<b>6-10 Years</b>	<b>Urine</b>	<b>Vision</b>	<b>Catch Up On Shots</b>

<b>11-14 Years</b>	<b>Urine</b>	<b>Vision</b>	<b>Meningococcal(Menactra) Tdap=(Adacel) HPV***=Gardasil (3 shot series)</b>
<b>15-21 Years</b>	<b>Urine</b>	<b>Vision</b>	<b>Meningococcal(Menactra) Meningococcal B (Trumenba – 3 shot series)</b>

**\*Immunization schedule may vary depending upon your child, interfering illness, insurance coverage, vaccine availability, and changing CDC/AAP recommendations.**