

**Pediatrics of Dalton
Immunization and Examination Schedule**

Name _____ Date _____

Height _____ Weight _____ Head Circumference _____

Age	Immunization Given	Number of Shots	Laboratory Screening
Birth	Hep B	1	Metabolic Screen (hospital)
1 month		0	
2 months	DTaP-IPV-Hep B, HIB, PCV, Rota(oral)	4(3 shots)	
4 months	DTaP-IPV-Hep B, PCV, Rota (oral)	3(2 shots)	
6 months	DTaP-IPV-Hep B, HIB, PCV	3	
9 months		0	
12 months	MMR, VZV, Hep A, PCV	4	HCT
15 months		0	
18 months	DTaP, Hep A, HIB	3	
2 years		0	HCT
2 ½ years		0	
5 years	DTaP-IPV, MMR, VZV	3	HCT, CHOL
11 years	TDaP, MCV, MEN-B*, HPV*	4	HCT, CHOL, UA
16 years	MCV	1	HCT, UA

We recommend flu vaccines EVERY year for all children 6months of age and older!

After 2 ½ years your child should have an annual well check EVERY year!

Urine analysis will be done at 3, 6, 11 and 16 years.

*Booster doses- MEN-B= 1mo later
HPV= 2mo and 6mo later

PPD skin test may be performed if a risk factor is present.

Vision and Hearing screens will be done as required by insurance.

Hep B= Hepatitis B
DTaP/TDaP= Diphtheria, Tetanus, acellular Pertussis
IPV= Polio
HIB= Haemophilus influenza type B
PCV= Pneumococcal Conjugate
Rota= Rotavirus
MMR= Measles, Mumps, Rubella
Hep A= Hepatitis A

VZV= Varicella (chicken pox)
HPV= Human Papilloma Virus (3 dose series)
MCV= Meningococcal A, C, Y & W
MEN-B= Meningococcal B (2 dose series)
HCT= Hematocrit (iron level)
CHOL= Cholesterol
UA= Urine analysis
PPD= Tuberculosis Skin test

Your child's next checkup will be due: _____

Please call the office 6-8 weeks prior to the date you wish to schedule your next well visit!