

PEDIATRIC HEALTH PREVENTIVE CARE SCHEDULE

AGE	0	2 Wks	2 Mo	4 Mo	6 Mo	9 Mo	12 Mo	15 Mo	18 Mo	24 Mo	3-11 Yrs
Weight, Height, History, Physical Examination	X	X	X	X	X	X	X	X	X	X	Yearly
Risk Assessment- Developmental behavioral, Nutrition & Counseling Education	X	X	X	X	X	X	X	X	X	X	Yearly
Head Circumference	X	X	X	X	X	X	X	X	X	X	N/A
Blood Pressure											Yearly
Dental Referral										X	Yearly
Hemoglobin (HgB)							X				HgB Age 5, if indicated
Urinalysis (UA)											UA Age 5, if Indicated
Vision		X	X	X	X	X	X	X	X	X	Yearly
Hearing	X	X	X	X	X	X	X	X	X	X	Yearly
Lead Screen											If indicated
Immunizations: (many immunizations are given in a combination form to help reduce the number of individual injections given)											
Hepatitis A							X		X		
Hepatitis B (* at birth OR at 12 months)	X*		X	X	X		X*				
Diphtheria, Tetanus, (Acellular) Pertussis (DTaP)			X	X	X			X			DTaP Age 4, 5 or 6 Tdap Age 11
H Influenza Type B (Hib)			X	X			X				
Polio – Inactivated (IPV)			X	X	X						Age 4, 5 or 6
Measles, Mumps, Rubella (MMR)							X				Age 4, 5 or 6
Varicella (Chickenpox)							X				Age 4, 5 or 6
Pneumococcal (PCV)			X	X	X		X				
Influenza (yearly after Age 6 months)					X		X			X	Yearly
Meningococcal (MCV4)											Age 11
Human Papilloma Virus (HPV4)											Age 11-26 (3 Series dose)
Rotavirus			X	X	X						