

Schedule of immunizations and well-child visits for children and teens

Location: HealthPartners _____
(name of clinic)

Immunization schedule

<u>At this age</u>	<u>Get these shots</u>
2 months	DTaP/HBV/IPV, Hib, PCV7, Rotavirus
4 months	DTaP/HBV/IPV, Hib, PCV7, Rotavirus
6 months	DTaP/HBV/IPV, PCV7, Rotavirus
6-59 months	Influenza, every fall
12 months	Hib, MMRV, HAV
15 months	PCV7, DTaP
18-24 months	HAV
5 years	DTaP, IPV, MMRV
12 years	Tdap, Varicella*, HPV** (girls)
14 years	MCV4, HPV* (girls)

Schedule for well-child visits

<input type="checkbox"/> 2 weeks	<input type="checkbox"/> 8 years
<input type="checkbox"/> 2 months	<input type="checkbox"/> 10 years
<input type="checkbox"/> 4 months	<input type="checkbox"/> 12 years
<input type="checkbox"/> 6 months	<input type="checkbox"/> 14 years
<input type="checkbox"/> 9 months	<input type="checkbox"/> 16 years
<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 years
<input type="checkbox"/> 15 months	<input type="checkbox"/> 20 years
<input type="checkbox"/> 18 months	<input type="checkbox"/> _____
<input type="checkbox"/> 2 years	<input type="checkbox"/> _____
<input type="checkbox"/> 3 to 3.5 years	<input type="checkbox"/> _____
<input type="checkbox"/> 5 years	<input type="checkbox"/> _____

**If not completed or up to date*
***HPV – 3 doses at intervals of 0, 2 and 6 months*

Please bring your immunization record to each well-child visit.

Special recommendations: _____

Key to abbreviations:

DTaP (diphtheria, tetanus, acellular pertussis)
HAV (hepatitis A)
HBV (hepatitis B)
Hib (hemophilus influenza)
HPV (human papillomavirus)
IPV (inactivated polio)

MCV4 (meningococcal)
MMR (measles, mumps, rubella)
MMRV (measles, mumps, rubella, varicella)
PCV7 (pneumococcal conjugate)
Tdap (diphtheria, tetanus, acellular pertussis)