

Preventive Care Checklist

Children & Adolescents

Services	Age	
Hepatitis B, Newborn Screening Test	Birth	<input type="checkbox"/>
Checkup, Newborn Screening Test	1-2 weeks	<input type="checkbox"/>
DTaP, IVP, HiB, Prevnar, Hepatitis B, Rotavirus	2 months	<input type="checkbox"/>
DTaP, IVP, HiB, Prevnar, Rotavirus	4 months	<input type="checkbox"/>
DTaP, IVP, HiB, Prevnar, Rotavirus, Flu shot (annual vaccination 1 or 2 doses)	6 months	<input type="checkbox"/>
Exam, catch-up immunization	9 months	<input type="checkbox"/>
MMR, HiB, Varicella, Prevnar, Hepatitis A	12 months	<input type="checkbox"/>
DTaP	15 months	<input type="checkbox"/>
Hepatitis A	18 months	<input type="checkbox"/>
Exam, Flu shot <i>Every year</i>	24 months	<input type="checkbox"/>
DTaP, IPV, MMR, Varicella	4-6 years	<input type="checkbox"/>
Tdap, HPV, Meningococcal A	11-12 years	<input type="checkbox"/>
Meningococcal A, Meningococcal B (optional)	16 years	<input type="checkbox"/>

