

RECOMMENDED WELL-CHILD VISITS & VACCINATIONS

Children from Birth-17 Years Old



Well-Child
Visit



Blood
Screen



Vaccination



Vision
Screen



AGE

RECOMMENDED VACCINES & TESTS

Birth



Hepatitis B

3-5 days



7-14 days



2 months



DTaP, Hep B, Hib, PCV, Rotavirus, IPV

4 months



DTaP, Hib, PCV, Rotavirus, IPV

6 months



DTaP, Hep B, PCV, Hib (if needed), Rotavirus, IPV

9 months



12 months



MMR, Hepatitis A, Varicella, Hib, PCV

15-18 months



DTaP

2 years



Hep A



AGE

RECOMMENDED VACCINES & TESTS

3 years



4 years



DTaP, IPV, Varicella, MMR

5 years



6, 8, and 10 years



11 years



HPV (in 3 doses across a 6 month span), Tdap booster, MCV

12 years



13 years



Varicella blood test, if vaccine not given and no history of chickenpox

14 and 15 years



16 years



MCV booster

17 years



Dedicated to providing the healthcare you need when you need it.

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