



**After 5 years of age, check-ups are recommended every year.**

\*The influenza vaccine is recommended for all children on a yearly basis beginning at 6 months of age.

**Recommended Physical Exam & Immunization Schedule**

|             |  |
|-------------|--|
| Newborn     | Hepatitis B  |
| 1 Month     |  |
| 2 Months    | Pediarix, Hib, Prevnar, Rotarix  |
| 4 Months    | Pediarix, Hib, Prevnar, Rotarix  |
| 6 Months    | Pediarix, Prevnar, Influenza*  |
| 9 Months    |  |
| 12 Months   | Prevnar, Hep A, MMR, Varicella   |
| 15 Months   | DTaP, Hib  |
| 18 Months   | Hep A  |
| 2 Years     |  |
| 30 Months   |  |
| 3 Years     |  |
| 4 Years     | ProQuad  |
| 5 - 6 Years | Kinrix   |
| 11-12 Years | Tdap, Menveo, Gardasil (2 doses of Gardasil at least 6 months apart. If the Gardasil series begins at age 15 or above, a total of 3 doses will be needed). |
| 16-18 Years | Menveo   |

|            |  |
|------------|--|
| Pediarix   | DTaP, Polio, and Hepatitis B                                       |
| DTaP       | Diphtheria, Tetanus and Pertussis (for children 6 yrs and under).  |
| IPV        | Inactivated Polio Virus  |
| Hib        | Haemophilus Influenza B (this is not the flu shot).                |
| Prevnar    | Pneumococcal Conjugate   |
| MMR        | Measles, Mumps and Rubella   |
| Varivax    | (Varicella) Chickenpox   |
| Tdap       | Diphtheria, Tetanus and Pertussis (for children 10 yrs and older). |
| Menveo     | Meningococcal  |
| ProQuad    | Measles, Mumps, Rubella & Chickenpox                               |
| Rotarix    | Rotavirus  |
| Gardasil 9 | Human Papilloma Virus  |
| Kinrix     | Diphtheria, Tetanus, Pertussis and Inactivated Polio Virus         |
| Influenza  | Influenza (Flu)  |