

Schedule of Routine Office Visits and Immunizations

Newborn (2-3 days after leaving hospital)	<ul style="list-style-type: none"> • Weight and jaundice check • Hepatitis B #1 if not received in nursery
1-2 weeks	<ul style="list-style-type: none"> • Weight check
1 month	<ul style="list-style-type: none"> • Hepatitis B #2
2 months	<ul style="list-style-type: none"> • Pentacel #1(DTaP #1, HIB #1, IPV #1) • PCV13 #1 • Rotavirus#1
4 months	<ul style="list-style-type: none"> • Pentacel #2 (DTaP #2, HIB #2, IPV #2) • PCV13 #2 • Rotavirus#2
6 months	<ul style="list-style-type: none"> • Pentacel #3(DTaP #3, HIB #3, IPV #3) • PCV13 #3 • Rotavirus#3
9 months	<ul style="list-style-type: none"> • Hepatitis B #3
12 months	<ul style="list-style-type: none"> • MMR #1 • Varicella #1 • Hepatitis A #1
15 months	<ul style="list-style-type: none"> • Pentacel #4 • PVC13 #4
18 months	<ul style="list-style-type: none"> • Hepatitis A #2
24 months	
30 months	
3 years	<ul style="list-style-type: none"> • Annual check-ups start at this age.
4 years	<ul style="list-style-type: none"> • DTaP #5 • IPV #4 • MMR #2 • Varicella #2
-Or-	
5 years	<ul style="list-style-type: none"> • DTaP #5 • IPV #4 • MMR #2

	<ul style="list-style-type: none"> • Varicella #2
6 years	
7 years	
8 years	
9 years	
10 years	
11 years	<ul style="list-style-type: none"> • Tdap • Meningococcal vaccine for serotypes ACWY (MenACWY or meningitis vaccine) #1 • Human Papilloma Virus (HPV) Vaccine ("Gardasil") (3 dose series)
12 years	
13 years	
14 years	
15 years	
16 years	<ul style="list-style-type: none"> • Meningococcal vaccine for serotypes ACWY (MenACWY or meningitis vaccine) #2 • Meningococcal vaccine for serotype B (2 dose series)
17 years	
18 years	
Flu shot recommended each fall for children over 6 months of age. Call 314-453-9666 to schedule.	<ul style="list-style-type: none"> • Influenza vaccine

Woods Mill Pediatrics

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