



Immunization and Standard Screening Schedule

1 Month	HEPATITIS B
2 Month	PENTACEL (Dtap/ IPV/ HiB), PREVNAR20, ROTATEQ
4 month	PENTACEL (Dtap/ IPV/ HiB), PREVNAR20, ROTATEQ
6 Month	PENTACEL (Dtap/ IPV/ HiB), PREVNAR20, ROTATEQ
9 Month	HEPATITIS B Fluoride Application
12 Month	PREVNAR20, MMR, VARIVAX Photo Vision Screening, Lead & Hemoglobin Screening
15 Month	PENTACEL (Dtap/ IPV/ HiB), PREVNAR20 Fluoride Application
18 Month	HEPATITIS A M-CHAT Screening Questionnaire
2 Year	HEPATITIS A Photo Vision Screening, Lead & Hemoglobin Screening, M-CHAT Screening Questionnaire, Fluoride Application
2 ½ Year (30 Month)	Developmental Screening
3 Year	Photo Vision Screen
4 Years	QUADRACEL (Dtap-IPV), MMRV Photo Vision Screening, Hearing Screening
5 - 6 Years	Vision Screening, Hearing Screening
7 - 8 Years	Vision Screening, Hearing Screening
9 – 10 Years	Vision Screening, Hearing Screening, Lipid Screening
11 Years	Tdap, MENINGOCOCCAL ACWY, HPV (three dose series) Vision Screen, Hearing Screening, PHQ9 Questionnaire
12 – 13 Years	Vision Screen, PHQ9 Questionnaire
14 - 15 Years	Vision Screen, Hearing Screening, PHQ9 Questionnaire, Iron Screening on females
16 - 17 Years	MENINGOCOCCAL ACWY, MENINGOCOCCAL B (two dose series) Vision Screen, PHQ9 Questionnaire
18 Years	Vision Screening, Hearing Screening
19 – 22 Years	Vision Screening, Lipid Screening