GATEWAY
Family Health Clinic
LTD

Recommended Pediatric/ Adolescent Immunization Schedule
Pediatric Lead and Hemoglobin Screening

	Birth	2 mo mo.	4 mo.	6 mo.	12 mo.	15 mo.	18 mo.	2 yr	4-6 yr	11-12 yr
Dtap,IPV,Hib(Pentacel) (6 weeks thru 4 years of age)		X	X	X		X				
ActHib(Catch up 4th dose @ 18,24,36 mo.CTC or other visit for those who missed it during the shortage)							X or	X		
DTaP (Tripedia) ages 6 weeks thru 6 years									X	
IPV									X	
Hepatitis B(must be at least 6 months old for dose # 3)	X	X		X						
Prevnar 13 (Pneumococcal conjugate)as of 4-7-2010 Booster with a 5th dose of Prevnar 13 ages 2 thru 4 if initial series was completed with Prevnar 7		X	X	X		X		***		
Rota Teq (Rotavirus) Do not start series after 15 weeks of age Final dose must be given before 8 months of age		X	X	X						
MMR (*must be 12 months old*)					X				X	
Varicella(*must be 12 months old*)					X				X	
Hepatitis A (*must be 12 months old*)					X		X			
Lead Screen					X			X		
Hemoglobin					X					
Tdap (Adacel)ages 11-64										X
Menactra (Meningococcal Conjugate) MCV4										X
Gardasil (HPV) x 3doses (ages 9-26)										X
Influenza (6 mo-18 yrs)				X	X	X	X	X	X	X
Catch up immunizations per CDC recommendations										
Revised 5/4/2010										