

PAHC PREVENTIVE CARE SCHEDULE

AGE	GROWTH PARAMETERS	IMMUNIZATIONS	OTHER TESTS/ NOTES
4-7 DAYS <i>(Initial Office Visit)</i>	Height (HT),Weight (WT) Head Circumference (HC)	None	Verbal TB Screen Annually
1 MO	(same)	None	
2 MOS	(same)	Pevnar#1, Rotavirus#1 (oral), Vaxelis#1 (DTaP#1, IPV#1, Hib#1, HepB#2)	
4 MOS	(same)	Pevnar#2, Rotavirus#2 (oral), Vaxelis#2 (DTaP#2, IPV#2, Hib#2, HepB#3)	
6 MOS	(same)	Pevnar#3, Rotavirus#3 (oral), Vaxelis#2 (DTaP#2, IPV#3, Hib#3, HepB#4)	
9 MOS	(same)	None	
12 MOS	(same)	MMR#1, Varivax#1 <i>(must be at least 12 mos old)</i> HepA#1	Hemoglobin Lead Vision (Spot)
15 MOS	(same)	Pevnar#4, DTaP#4, Hib#4	
18 MOS	(same)	HepA#2	
24 MOS	(same)	None	Hemoglobin Lead Vision (Spot)
30 MOS	(same)	None	<i>(Check with insurance plan for coverage of this visit)</i>
3 YRS	Height (HT),Weight (WT) Body Mass Index (BMI) Blood Pressure (BP)	None	Hemoglobin Lead Vision (Spot, near)
4 YRS	(same)	Proquad (MMR#2, Varivax#2) Kinrix (DTaP#5, IPV#4)	Lead (high risk areas) Vision (Spot, near) Hearing
5 YRS	(same)	None	Vision (Spot, near) Hearing
6,7, 8 YRS	(same)	None	Vision (flip book or wall chart, near, stereopsis) Hearing
9,10 YRS	(same)	Gardasil (2 doses 6-12 months apart)	Vision (wall chart) Hearing (age 8,age 10)
11 YRS	(same)	Tdap Meningococcal ACWY#1 Gardasil (if not completed prior)	Hemoglobin (females) *(males 11 and up if at risk of having anemia)
12 and 13 YRS	(same)		Hemoglobin (females)* Vision (age 12,wall chart)
14 and 15 YRS	(same)		Hemoglobin (females)* Vision (age 15,wall chart) Adolescent/STD Screen
16 and 17 YRS	(same)	Meningococcal ACWY#2 (age 16)	Hemoglobin (females)* Adolescent/STD Screen
18, 19, 20 YRS	(same)	Bexsero (Meningococcal B, 2 doses one month apart prior to college)	Hemoglobin (females)* Adolescent/STD Screen

During Flu Season the **Flu Shot** is recommended for all children 6mos and older
COVID vaccine is recommended for all children 6 mos and older per CDC schedule
All immunizations are based on availability