



# Pediatric Health Promotion Visits and Vaccination Schedule

Revised February 2, 2016

Each year	Influenza .....	VACCINATION ONLY
Newborn	HepB .....	AT THE HOSPITAL
1 week	.....	EXAMINATION
2 months	HepB, PCV13, RV5, DTaP-IPV/Hib .....	EXAMINATION
4 months	PCV13, RV5, DTaP-IPV/Hib.....	EXAMINATION
6 months	HepB, PCV13, RV5, DTaP-IPV/Hib .....	NURSE VISIT
9 months	.....	EXAMINATION
12 months	HepA, MMR, VAR.....	NURSE VISIT
15 months	DTaP-IPV/Hib, PCV13 .....	EXAMINATION
18 months	.....	DEVELOPMENTAL SCREENING
2 years	HepA.....	EXAMINATION
3 years	.....	EXAMINATION
3 - 4 years	.....	PRE-SCHOOL SCREEN at SCHOOL DISTRICT
4 - 6 years	DTaP, MMRV, IPV.....	EXAMINATION
7 years	.....	EXAMINATION
9 years	HPV (3 doses total over 6 months) .....	EXAMINATION
11 years	MCV4, Tdap.....	EXAMINATION
13 years	.....	EXAMINATION
15 years	.....	EXAMINATION
16 years	MCV4, MenB* .....	VACCINATION ONLY
17 years	.....	EXAMINATION

**DTaP:** Diphtheria-Tetanus-acellular Pertussis vaccine (pediatric form)

**DTaP-IPV/Hib:** Diphtheria-Tetanus-acellular Pertussis vaccine-Inactivated Polio Vaccine/*Haemophilus influenzae* type b vaccine

**HepA:** Hepatitis A Vaccine

**HepB:** Hepatitis B Vaccine

**HPV:** Human Papillomavirus Vaccine (3 doses, 2nd dose 2 months after the first, 3rd dose 6 months after the first)

**IPV:** Inactivated Polio Vaccine

**MCV4:** Meningococcal Conjugate Vaccine

**\*MenB:** Meningococcal B Vaccine (optional vaccine for those 16 to 23 years of age)

**MMR:** Measles-Mumps-Rubella

**MMRV:** Measles-Mumps-Rubella-Varicella

**PCV13:** Pneumococcal Conjugate Vaccine

**RV5:** Rotavirus vaccine (infants should get the first dose by 14 weeks, 6 days and all doses by age 8 months, 0 days.)

**Tdap:** Tetanus-diphtheria-acellular pertussis vaccine (adolescent-adult form)

**VAR:** Varicella Zoster Vaccine (chicken pox)

*See reverse side for more information.*

# Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

## Schedule of Age-Related Screening Standards

Components	Infancy		Early Childhood			Late Childhood			Adolescence												
	0-1 mo.	2 mos.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	24 mos.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	8 yrs.	10 yrs.	12 yrs.	14 yrs.	16 yrs.	18 yrs.	20 yrs.	
Anticipatory Guidance & Health Education	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Measurement - Height & Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Head circumference																					
• BMI measurement																					
• Blood pressure																					
Health History including mental health, nutrition, chemical use	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Development: social-emotional/mental health, cognitive, speech/language, fine/gross motor	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Physical - Including sexual development, oral exam	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunizations/Review	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tuberculosis screen	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Laboratory Tests																					
• Blood lead						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Hemoglobin/Hematocrit						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Other labs as medically indicated: newborn metabolic screen, lipid screen																					
Sexually Transmitted Infection (STI) risk assessment - and lab testing for sexually active youth																					
Vision	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing	*•	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental Checkups - verbal referral																					

• Required component    x Risk assessment followed by appropriate action    \*• Audiogram if failed or no newborn hearing screen    \*\*x/• Either subjective or objective hearing screen  
 ←→ Indicates range to provide service one time  
 Additional screening services and/or specific screening components may be provided at other intervals as indicated.