0 to 3-year-old ANNUAL WELL-CHILD CHECKUPS

WELL VISIT AND IMMUNIZATION ROAD MAP

0-3 Years

BIRTH HepB immunization.

1 MONTH
Ask if additional hearing tests are needed.

2 MONTHS Immunizations. See chart below. 4 MONTHS Immunizations. See chart below.

12 MONTHS

Dental checkup recommended by age 1 and dental checkups bi-annually thereafter.

Lead screening. Immunizations. See chart below

9 MONTHSDevelopmental
Screening.

6 MONTHS Immunizations. Flu (Influenza) Vaccine See chart below.

15 MONTHS

Immunizations

18 MONTHS

Developmental Screening. Immunizations. See chart below.

24 MONTHS

Well visit & annually after. Lead screening.

3 YEARS

Well visit. Vision checkup between ages 3-5 & annually after.

30 MONTHS

Developmental screening. Immunizations.

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years
HepB (Hepatitis B)	1 dose	1 dose			1 dose					
RV (Rotavirus)			1 dose	1 dose	1 dose					
DTap (Tetanus, diphtheria, pertussis)			1 dose	1 dose	1 dose		1 dose			
Hib (Haemophilus influenzae type b)			1 dose	1 dose	1 dose	1 dose				
PCV (Pneumococcal)			1 dose	1 dose	1 dose	1 dose				
IPV (Polio)			1 dose	1 dose		1 dose				
Flu (Influenza)					2 doses in first year, then 1 dose annually					
MMR (Measles, Mumps, Rubella)						1 dose				
Varicella (Chickenpox)						1 d	ose			
HepA (Hepatitis A)						2 doses				



