

University Pediatric Associates – Well Child Immunization Schedule

Birth/Newborn Check-up	Hepatitis B #1
1 Month Well Visit	Hepatitis B #2
2 Month Well Visit	Pentacel* #1 (OR DTap, IPV & Hib) Prennar #1 (Pneumococcal) Rotateq #1 (Rotavirus, Oral vaccination)
3 Month Well Visit	(Catch-up vaccines if needed)
4 Month Well Visit	Pentacel #2 (OR DTap, IPV & Hib) Prennar #2 Rotateq #2
6 Month Well Visit	Pentacel #3 (OR DTap, IPV & Hib) Prennar #3 Rotateq #3 Flu Vaccine (Flu booster required @ 7 months, annually thereafter)
9 Month Well Visit	Hepatitis B #3
12 Month (1 Year) Well Visit	Prennar #4 MMR #1 (Measles/Mumps/Rubella)
15 Month Well Visit	Varivax #1 (Varicella or Chicken Pox) Hib #4 (Haemophilus Influenzae Type B)
18 Month Well Visit	DTap #4 (Diphtheria/Tetanus/Pertussis) Hepatitis A #1
24 Month Well Visit	Hepatitis A #2
30 Month Well Visit	(Catch-up vaccines if needed)
3 Year Well Visit	Annual Flu Vaccine
4 Year Well Visit	DTap #5 IPV #4 (Polio) MMR #2 Varivax #2 Annual Flu Vaccine
5-10 Year Well Visit	Annual Flu Vaccine
11 Year Well Visit	TDap (Tetanus/Diphtheria/Pertussis) Menactra #1 (Meningococcal) Gardasil (HPV Vaccine, 2 Shot Series**) Annual Flu Vaccine
12-15 Year Well Visit	Annual Flu Vaccine
16 Year Well Visit	Menactra #2 Flu Vaccine
17-22 Year Well Visit	Annual Flu Vaccine Trumenba (MenB, 3 Shot Series)(if indicated)

**Pentacel is a combination vaccine. It's components include DTap, IPV & Hib.*

***Gardasil is a 2 dose series only if started prior to 15th birthday*