

Pediatric Preventive and Early Detection Guidelines

Children Birth to Age 12

Blood pressure: Should be checked at each well-care visit starting at age 3.

Urinalysis: at each well-care visit starting at age 3.

Height and weight: Should be measured at each well-care visit.

Head circumference: Should be measured at each visit up to 2 years of age.

Flu Vaccine: Recommended for all children from 6 months to 59 months (not all children at all ages unless they have risk factors).

Vision: Should be checked once at age 3 and at each well-care visit between ages 4 and 17 as determined by your child's PCP.

Hearing: An audiogram performed at birth, between ages 3 and 5, and at each well-care visit as determined by your child's PCP.

Anemia Screening: Hemoglobin should be performed on all children within in the first 5 to 6 years.

Human Papilloma Virus Vaccine: Recommended for all females over 11 years of age. 3 doses: at time 0, in 2 months and then 6 months after the first dose.

Developmental Assessment: Speech, Gross Motor, Fine Motor & Cognitive/ Social development should be noted at every well child visit.

Immunizations: Be sure to immunize your child on time according to the below schedule. Bring your child's immunization records to every visit.

Ages 13-17 Screening Tests

Chlamydia: Sexually active girls need an annual chlamydia test.

Self- Exam: teaching of a self breast or self testicular exam to the adolescent is recommended starting around 14-16 years of age.

Additional tests: Your child’s PCP will let you know if you need additional tests for problems such as high cholesterol, tuberculosis, or diabetes.

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2007

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB		HepB		<i>see footnote 1</i>	HepB						
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP		DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	<i>Hib</i> ⁴	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV					
Inactivated Poliovirus				IPV	IPV	IPV						IPV
Influenza ⁶						Influenza (Yearly)						
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							HepA (2 doses)					
Meningococcal ¹⁰												

 Range of recommended ages

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2007

Vaccine ▼	Age ►	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹	<i>see footnote 1</i>		Tdap			
Human Papillomavirus ²	<i>see footnote 2</i>		HPV (3 doses)			
Meningococcal ³			MCV4		MCV4³	
Pneumococcal ⁴						
Influenza ⁵						
Hepatitis A ⁶						
Hepatitis B ⁷						
Inactivated Poliovirus ⁸						
Measles, Mumps, Rubella ⁹						
Varicella ¹⁰						

 Range of recommended ages

Information taken from Department of Health and Human Services: Centers for Disease Control & Prevention (<http://www.cdc.gov/nip/recs/child-schedule-color-print.pdf>)