

Lockman & Lubell Pediatric Associates
Well Child Care Protocol
Immunization and Screening Schedule

Age at Visit:	Immunization Scheduled	Screening
Birth	Hepatitis B #1	State metabolic screening tests (PKU, thyroid, etc.)
2 weeks		
2 months	DTaP #1, Hib #1, IPV #1 PCV #1, Hep B #2, Rota #1	
4 months	DTaP #2, Hib #2, IPV #2, PCV #2, Rota #2	
6 months	DTaP #3, Hib #3, IPV #3, PCV #3, Rota #3	
9 months	Hep B #3	Anemia check, Lead screen if risk survey is positive
12 months	MMR #1, Varivax #1 PCV #4 Hep A #1	TB test (PPD) if risk survey is positive
15 months	DTaP #4, Hib #4	
18 months	Hep A #2	
24 months		Anemia check, Cholesterol, lead, & TB testing if risk survey is positive
30 months		
3 years		Vision, TB test if risk survey is positive
4 years	DTaP #5, IPV #4, MMR #2 Varivax #2	Vision, TB test if risk survey is positive
5 years		Vision, Urinalysis, TB test if risk survey is positive
6-10 years		Vision, TB test if risk survey is positive
11-14 years	tdaP, MCV#1, HPV	Vision, TB test if risk survey is positive, Urinalysis/ Hgb & Chol at age 14
15-21 years	MCV #2	Vision, TB test if risk survey is positive

KEY

DTaP= Diphtheria, Tetanus, , acellular Pertussis	Hep A=Hepatitis A	MCV=Meningococcal Conjugate Vaccine
IPV	Hep B= Hepatitis B	tdaP =adult tetanus, diphtheria, acellular Pertussis
Hib	MMR=Measles, Mumps, Rubella	HPV=Human Papilloma Virus
PCV	Varivax=Chicken Pox	

Vaccine Information Resources