

Childhood Immunization Schedule

Please consult your family doctor/licensed healthcare practitioner for more information on what is specifically appropriate for your child. Vaccines are listed under the routinely recommended for persons aged 0-6 years.

Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

Age ▶ Vaccine ▼	Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19-23 mos.	2-3 yrs.	4-6 yrs.	
Hepatitis B	Hep B	Hep B			Hep B							
Rotavirus			RV	RV	RV							
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP	
Haemophilus Influenzae Type b			Hib	Hib	Hib	Hib						
Pneumococcal			PCV	PCV	PCV	PCV				PPSV		
Inactivated Polio			IPV	IPV	IPV						IPV	
Influenza					Influenza (yearly)							
Measles, Mumps, Rubella						MMR					MMR	
Varicella						Varicella					Varicella	
Hepatitis A						HepA (2 doses)				HepA Series		
Meningococcal										MCV		

Vaccines are listed under the routinely recommended for persons aged 7-18 years.

Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

Age ▶ Vaccine ▼	7-10 Years	11-12 Years	13-18 Years
Tetanus, Diphtheria, Pertussis		Tdap	Tdap
Human Papillomavirus		HPV (3 doses)	HPV Series
Meningococcal	MCV	MCV	MCV
Influenza	Influenza (Yearly)		
Pneumococcal	PPSV		
Hepatitis A	HepA Series		
Hepatitis B	HepB Series		
Inactivated Polio	IPV Series		
Measles, Mumps, Rubella	MMR Series		
Varicella	Varicella Series		

Source: 2009 Recommended Immunization Schedules on the Internet. Centers for Disease Control and Prevention, Georgia. 8 January 2009. <<http://www.cdc.gov/vaccines/recs/schedules/default.htm>>. Reviewed by the Sanford Health Plan Physician Quality Committee 1/08.



CHILDHOOD IMMUNIZATION SCHEDULE

HEALTHCARE BUILT FOR YOU



The Childhood Immunization Record of _____

Vaccine	Age Given	Date	Physician Initials	Vaccine	Age Given	Date	Physician Initials	
Hepatitis B	_____	_____	_____	Measles, Mumps, Rubella	_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
Rotavirus	_____	_____	_____	Varicella	_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
Diphtheria, Tetanus, Pertussis	_____	_____	_____	Meningococcal	_____	_____	_____	
	_____	_____	_____		Hepatitis A	_____	_____	_____
	_____	_____	_____			_____	_____	_____
Haemophilus Influenza Type b	_____	_____	_____	Human Papillomavirus		_____	_____	_____
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
Inactivated Polio	_____	_____	_____	Influenza	_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
Pneumococcal	_____	_____	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	_____	_____	