



# WELL-CHILD VISITS & IMMUNIZATION SCHEDULE

*Birth to 21 years*

Well visits are a scheduled time to ask questions about your child's development, behavior, and well-being. During a well-child visit, your provider will perform several screening tests as well as discuss/administer vaccines. Well-visits occur much more frequently during the first two years because of their rapid development. Most insurances cover well-child/screening visits at 100%, with no out-of-pocket expense.

*This vaccine schedule is recommended by the ACIP and approved by the CDC, AAP and AAFP.*

KEY of Symbols



Well Visit



Blood Test (\*)



Vaccine



Vision/Hearing Screen



Screening Questions

Age	Recommended Vaccines & Screenings	Age	Recommended Vaccines and Screenings
Birth	Newborn Screen* HepB	24 mos	Lead*
3-5 days		30 mos	
2-4 wks		3 years	
2 mos	DTap, Hib, IPV, HepB, PCV, RV	4 years	DTap, IPV, MMR, VAR
4 mos	DTap, Hib, IPV, PCV, RV	Every year (Ages 5-10)	
6 mos	DTap, Hib, IPV, HepB, PCV, RV,	11 years	Tdap, MenACWY, HPV Cholesterol*
9 mos		Every year (Ages 12-15)	
12 mos	Hep A, MMR, VAR Lead* & Hgb*	16 years	MenACWY, MenB
15 mos	DTap, Hib, PCV	Every year (Ages 17-21)	
18 mos	HepA	<i>Ask your provider if Flu or COVID vaccination is recommended for your child.</i>	

## Vaccines in the Child and Adolescent Immunization Schedule\*

Vaccine	Abbreviation(s)	Trade name(s)
Dengue vaccine	DEN4CYD	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	DT	No trade name
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
<b>Combination vaccines</b> (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadracel®
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

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