

VISIT	IMMUNIZATION	INFORMATION
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BIRTH		
NB WT CK		NB BOOK IF NOT BORN AT ORMC HEPATITIS B INFO
2 WEEKS	HEPATITIS B (IF NOT GIVEN AT BIRTH IN HOSP)	DTAP,IPV,HIB,HEPB,PCV,ROTATEQ INFO. IMMUNIZATION RECORD MENU
2 MONTHS	PENTACEL #1 HEPATITIS B #2 PREVNAR #1 ROTATEQ #1	MENU
4 MONTHS	PENTACEL #2 PREVNAR #2 ROTATEQ #2	MENU
6 MONTHS	PENTACEL #3 PREVNAR #3 ROTATEQ #3	LEAD QUESTIONNAIRE MENU
9 MONTHS		HEP A INFO. HGB/LEAD TEST MENU
12 MONTHS	PREVNAR #4 HEPATITIS A #1 HEPATITIS B #3 (HIB WHEN AVAILABLE)	MMR,VARIVAX INFO. MENU
15 MONTHS	MMR #1 VARIVAX#1	MENU
18 MONTHS	DTAP #4 HEPATITIS A #2	MENU
24 MONTHS		MENU HGB/LEAD TEST
4-5 YEARS	DTAP #5 IPV #4 MMR #2 VARIVAX #2	DTAP,IPV,VARIVAX, MMR INFO UA VISION/ AUDIO SCHOOL FORMS
11 AND UP	TDAP(ADACEL) MENACTRA GARDASIL (GIRLS ONLY)	TDAP,MENACTRA,GARDASIL INFO.

IF DTAP-HIB-IPV WERE GIVEN AT 2 MONTHS PENTACEL SHOULD BE GIVEN AT 4MO AND 6MO
IF DTAP-HIB-IPV WERE GIVEN AT 2MO AND 4 MO, PENTACEL SHOULD BE GIVEN AT 6MO

IF DTAP-HIB WERE GIVEN AT 2-4-6 MO THEN IPV SHOULD BE GIVEN AT 9 MO