

Having your child vaccinated is one of the most important things you can do to keep them healthy.



Make sure to keep their vaccines up to date to protect them from many harmful diseases.

To help keep your child on track, we've printed an immunization schedule on the other side of this brochure. Save it to keep a record of the immunizations your child receives and take it with you when you visit your child's health care provider.

Stay healthy with screenings.

On top of immunizations, regular general health screenings will help keep your child healthy. Here are the American Academy of Pediatrics – Bright Futures recommendations:*

- **Wellness Exams**

At birth, 3 – 5 days, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 – 18 years (annually)

- **Hereditary Metabolic Screening***

Between birth and 2 months

- **Blood Pressure**

3 – 18 years (annually)

- **Hematocrit or Hemoglobin**

12 months annually (when indicated based on risk assessment)

- **Lead Screening**

9 months, up to 2 – 6 years (when indicated based on risk assessment)

Please refer to state-specific recommendations.

Here are a few questions we get about childhood immunizations.

Do the diseases that the vaccines help prevent really still exist?

Yes. Some diseases, like polio and measles, aren't seen as often in the U.S. anymore. That's all thanks to parents like you vaccinating your kids. If immunizations stopped, these diseases would have a chance to spread, causing illness and death.

What kind of side effects can these vaccines cause?

Sometimes children develop a mild fever or rash as a reaction to certain vaccines. Those should only last a short time and can be treated with over-the-counter medicine to help your child feel better.

Does my child really need this many shots?

Vaccinations can help protect your child. Each vaccination your child receives offers greater protection against disease. Your health care provider might be able to give more than one vaccination at a time, or give one shot that contains several vaccines to decrease the number of times your child must return to the provider's office.

For more information on childhood immunizations, talk with your child's doctor or health care provider.

*Centers for Disease Control and Prevention (CDC): www.cdc.gov/vaccines

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Pennsylvania, Delaware, West Virginia, and New York: 1-833-521-1424 (TTY: 711)

ATENCIÓN: Si habla español, tiene servicios de asistencia lingüística sin cargo.

Llame al número correspondiente a su estado de residencia.

注意：如果您说中文，您可获得免费的语言援助服务。请拨打您所在州相应的电话号码。



Keep your child on track.

Childhood immunization schedule



Recommended Childhood Immunization

VACCINES — Schedule (0-2 years)

Child's Name: _____

Date of Birth: _____ / _____ / _____

At birth		2 months		
Hep B Hepatitis B		DTaP Diphtheria, Tetanus, and Pertussis	Polio IPV	Hib Haemophilus influenzae
<input type="checkbox"/> 1 st dose Date: _____		<input type="checkbox"/> 1 st dose Date: _____	<input type="checkbox"/> 1 st dose Date: _____	<input type="checkbox"/> 1 st dose Date: _____

2 months (continued)				
Hep B Hepatitis B	PCV Pneumococcal	Rotavirus		
<input type="checkbox"/> 2 nd dose Date: _____	<input type="checkbox"/> 1 st dose Date: _____	<input type="checkbox"/> 1 st dose Date: _____		

4 months				
DTaP Diphtheria, Tetanus, and Pertussis	Polio IPV	Hib Haemophilus influenzae	PCV Pneumococcal	Rotavirus
<input type="checkbox"/> 2 nd dose Date: _____	<input type="checkbox"/> 2 nd dose Date: _____	<input type="checkbox"/> 2 nd dose Date: _____	<input type="checkbox"/> 2 nd dose Date: _____	<input type="checkbox"/> 2 nd dose Date: _____

6 months				
DTaP Diphtheria, Tetanus, and Pertussis	Polio IPV	Hib Haemophilus influenzae	PCV Pneumococcal	Hep B Hepatitis B
<input type="checkbox"/> 3 rd dose Date: _____	<input type="checkbox"/> 3 rd dose Date: _____	<input type="checkbox"/> 3 rd dose Date: _____	<input type="checkbox"/> 3 rd dose Date: _____	<input type="checkbox"/> 3 rd dose Date: _____

6 months (continued)				
Rotavirus				
<input type="checkbox"/> 3 rd dose Date: _____				

12 months				
Hib Haemophilus influenzae (12-15 months)	PCV Pneumococcal (12-15 months)	Hep A Hepatitis A	MMR Measles, Mumps, and Rubella (12-15 months)	Varicella Varicella Zoster Virus (chicken pox) (12-15 months)
<input type="checkbox"/> 4 th dose Date: _____	<input type="checkbox"/> 4 th dose Date: _____	<input type="checkbox"/> 1 st dose Date: _____	<input type="checkbox"/> 1 st dose Date: _____	<input type="checkbox"/> 1 st dose Date: _____

18 months			
DTaP Diphtheria, Tetanus, and Pertussis (15-18 months)	Hep A Hepatitis A		
<input type="checkbox"/> 4 th dose Date: _____	<input type="checkbox"/> 2 nd dose Date: _____		

Influenza (every year)					
Annually for all children six months and older					
Date: _____	Date: _____				

There are combination vaccinations (more than one vaccine in one shot) and timing differences for the vaccination schedules available. Children identified as high risk or with certain chronic illnesses may need to be vaccinated on a different timetable and may follow a catch-up schedule. Please discuss your child's immunization schedule with your child's health care provider. This schedule has been adopted from the U.S. Centers for Disease Control and Prevention (CDC). This grid is subject to change. For the most up-to-date immunization recommendations and to view a catch-up schedule, visit the CDC website at cdc.gov/vaccines.

Coverage for the above immunization schedule is based on individual benefit programs.