**Recommended Pediatric/ Adolescent Immunization Schedule**
**Pediatric Lead and Hemoglobin Screening**

| | Birth | 2 mo mo. | 4 mo. | 6 mo. | 12 mo. | 15 mo. | 18 mo. | 2 yr | 4-6 yr | 11-12 yr |
|---|---|---|---|---|---|---|---|---|---|---|
| DTaP (Tripedia) | | X | X | X | | X | | | X | |
| IPV | | X | X | | | X | | | X | |
| Hepatitis B | X | | | X | X | | | | | |
| HIB (Haemophilus) | | X | X | X | | *** | | | | |
| Prevnar (Pneumococcal conjugate) | | X | X | X | | X | | | | |
| Rota Teq (Rotovirus) | | X | X | X | | | | | | |
| MMR | | | | | X | | | | X | |
| Varicella | | | | | X | | | | X | |
| Hepatitis A | | | | | X | | X | | | |
| Lead Screen | | | | | X | | | X | | |
| Hemoglobin | | | | | X | | | | | |
| Tdap (Adacel) | | | | | | | | | | X |
| Menactra Meningococcal Conjugate) MCV4 | | | | | | | | | | X |
| Gardisal (HPV) x 3doses | | | | | | | | | | X |
| Influenza (6 mo-18 yrs) | | | | | | | | | | |
| Catch up immunizations per CDC recommendations | | | | | | | | | | |
| ***Hib Booster on hold @ this time*** | | | | | | | | | | |
| 3/11/08 | | | | | | | | | | |