Well-Child Checks

Well-child checks may include physical assessment, immunizations, developmental screening, educational information, and dedicated time to discuss concerns. These appointments are recommended at the following ages. Beginning at age three, well-child checks change to annual visits.

BIRTH	●Hepatitis B. ●Respiratory Syncytial Virus	18	●Hepatitis A
	Developmental Screening	MONTHS	Developmental Screening
	2010.00.110.110.1100.1101.1119	MONTH	2 0 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Developmental Screening
2-4 Days	Developmental Screening	24 MONTHS	Dental Exam Annually
			Vision Exam Annually
			,
2		30	
	Developmental Screening		Developmental Screening
WEEKS		MONTHS	
2	●Pneumococcal disease ●Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae	3	Developmental Screening
MONTHS	B, Poliovirus, Hepatitis B Rotavirus	YEARS	Dental Exam Annually
	·		Vision Exam Annually
	Developmental Screening		
4 MONTHS			Poliovirus Varicella Diphtheria, Tetanus,
		4-6 YEARS	Pertussis ●Measles, Mumps, Rubella
			Developmental Screening
			Dental Exam Annually
	Developmental Screening		Vision Exam Annually
6 MONTHS		9-10 YEARS	
	●Pneumococcal disease ●Diphtheria,		●Human Papillomavirus
	Tetanus, Pertussis, Haemophilus Influenzae		Developmental Screening
	B, Poliovirus, Hepatitis B■Rotavirus		Dental Exam Annually
	Developmental Screening		Vision Exam Annually
9 MONTHS	Developmental Screening	11-12 YEARS	●Meningococcal disease ●Diphtheria,
			Tetanus, Pertussis • Human Papillomavirus
			Developmental Screening
			Dental Exam Annually
			Vision Exam Annually
			,
12 MONTHS	Discuss and discuss Discharge Teachers		
	Preumococcal disease Diphtheria, Tetanus, Pertussis Digamorphilus Influenzas R (Variscella)	16 YEARS	• Maninga coccal disagra
	Pertussis Haemophilus Influenzae B Varicella		Meningococcal disease
	●Hepatitis A ●Measles, Mumps, Rubella		Developmental Screening
	Iron and Lead Screening		Dental Exam Annually
	Dental and Vision Exams Begin Annually		Vision Exam Annually
	Developmental Screening		
		Connect with your primary	y care team about seasonal immunizations
15	●Diphtheria, Tetanus, Pertussis	Connect with your primary care team about seasonal immunizations. • A circle indicates one injection. Immunizations listed following a circle icon are administered together in one injection.	
MONTHS			
	Developmental Screening		
		A square indicates an Immunization is administered orally.	

