



Preventative Care Children 0-18

Well-child exams & physicals

Here's how often children should have a complete physical by your doctor.

Age	Recommendation
Newborns	Two to 3 days after discharge.
Under 3 years	Well-child visits at 2, 4, 6, 9, 12, 15, 18, 24 and 30 months
3 to 6 years	One visit every 12 months
7 to 10 years	One visit every 12 to 24 months
11 to 18 years	One visit each year
19 to 21 years	One visit every 2 to 3 years; every year if desired
22 years and older	One visit every 2 years; every year if desired

Vaccinations recommended for children

Immunizations	Recommendation
Diphtheria, tetanus, pertussis (DTaP/Tdap/Td)	<ul style="list-style-type: none"> DTaP at ages 2, 4 and 6 months, once between 15 and 18 months, and once between 4 and 6 years Tdap once between ages 11 and 12 followed by a Td booster every 10 years A single dose of Tdap between ages 7 and 10 if missed a vaccine at age 2, 4 or 6 months, between 15 and 18 months, or between 4 and 6 years A single dose of Tdap for anyone 18 or younger who has not already received it, regardless of when the last Td was given
Haemophilus influenzae type b (Hib)	At ages 2, 4, 6 and 15 to 18 months. The fourth dose may be given as early as 12 months at the physician's discretion if 6 months have elapsed since the third dose.
Hepatitis A	<ul style="list-style-type: none"> Two doses at least 6 months apart at ages 12 to 23 months. From age 2 to 18 years, at physician's discretion: two doses at least 6 months apart if not vaccinated previously and at high risk Two doses at least 6 months apart for all adolescents up to age 18
Hepatitis B	<ul style="list-style-type: none"> Three doses in the first 18 months. First dose of Hep B to be administered to all newborns before leaving the hospital, second dose between 1 and 2 months, and third dose between 6 and 18 months May begin three-dose series age 2 to 18 years if not vaccinated in infancy
Human papillomavirus (HPV)	<ul style="list-style-type: none"> Three dose series between ages 9 and 18 years, but best given between 11 and 12 years





Personal Health

Immunizations	Recommendation
	<ul style="list-style-type: none"> On a 0-, 2- and 6-month schedule for females. The second dose to be given at least 4 weeks after the first. The third dose to be given at least 12 weeks after the second. There must be 24 weeks between the first and third dose.
Inactivated poliovirus	At ages 2, 4 and 6 to 18 months, once between ages 4 and 6 years
Influenza	<ul style="list-style-type: none"> Annually for healthy children between ages 6 months and 8 years Two doses separated by four weeks if receiving for the first time or if vaccinated during the previous flu season but only received one dose One dose annually for children 2 years and older
Measles, mumps, rubella (MMR)	<ul style="list-style-type: none"> Two vaccinations, the first at ages 12 to 15 months Second vaccination given between ages 4 and 6 years After age 7, two doses if not previously vaccinated or no history of disease MMR vaccinations should never be given less than one month apart
Meningococcal	<ul style="list-style-type: none"> Two doses 2 months apart between ages 2 and 18 if high risk (HIV, non-functional spleen, etc.) One dose between ages 11 and 12 years with a booster dose at age 16 One dose to previously unvaccinated college freshman living in a dormitory Catch up all adolescents 13 and older who have not had Tdap
Pneumococcal	For all children ages 23 months and younger, four doses at 2, 4, 6, and 12 to 15 months
Rotavirus	At 2, 4 and 6 months
Varicella (chicken pox)	<ul style="list-style-type: none"> One vaccination between ages 12 and 15 months Second dose to be given at 4 to 6 years Children between ages 12 months and 12 years can get one dose if they have no history of varicella Two-dose series for children between 7 and 18 years if no history of varicella and no previous vaccination

Screenings and tests recommended for children

Assessments, screenings and counseling	Recommendation
Alcohol and drug use assessments	All adolescents, during each visit between ages 11 to 18 years
Anticipatory guidelines as defined by Bright Futures	For all children throughout their development, at physician discretion
Autism screening	Between 18 and 24 months
Blood pressure	Every year beginning at 3
Cervical dysplasia/cancer screening	All sexually active females





Personal Health

Assessments, screenings and counseling	Recommendation
Chlamydia infection, gonorrhea and syphilis screenings	All sexually active females to be screened for sexually transmitted infections (STIs)
Congenital hypothyroidism screening	Newborns
Depression screening and behavioral assessments	Children of all ages
Developmental screening	Children under the age of 3 to be screened at 9, 18, and 30 months
Dyslipidemia screening	Risk assessment at 2, 4, 6, 8 and 10 years old, then every year through age 18. (Routine lab testing not recommended, but may be done for children identified as high risk.)
Gonorrhea preventive medication	For the eyes of all newborns
Hearing loss screening	All newborns and at ages 3, 4, 5, 6, 8, 10, 12, 15, 18 years
Height, weight and body mass index/percentile measurements	Height and weight at each visit up to 2 years; starting at 2 years, body mass percentile at each visit
Hematocrit or hemoglobin screening	Once at 12 months, once between ages 11 and 18, and once annually for menstruating adolescents
Lead screening	Blood lead test at 12 and 24 months for children at high risk. Risk assessment for lead exposure between ages 6 and 12 months, at 24 months, and between the ages of 2 and 6 years.
Medical history	All children throughout their development and at each well-child visit
Newborn screenings as identified by the federal Health Resources and Services Administration	Once at birth; screenings include but are not limited to phenylketonuria (PKU) and sickle cell disease
Obesity screening and physical activity and nutrition counseling	Screen for obesity and offer to refer overweight children for counseling to improve weight
Oral health risk assessment	At 12, 18, 24 and 30 months; 3 years and 6 years
Sexually transmitted infection (STI) prevention counseling	For young adults 18 and younger at high risk
Tobacco-use screening and counseling	For young adults 18 and younger during each visit. Includes cessation intervention for tobacco users and expanded counseling for pregnant tobacco users.
Tuberculin testing	Children at high risk of tuberculosis
Vision screening	At 3, 4, 5, 6, 8, 10, 12, 15 and 18 years





Personal Health

Prescription drugs children may need for preventive care

These drugs may be provided to your child at no charge if your plan is not "grandfathered" under the Affordable Health Care Act of 2010. If your plan is "grandfathered," these prescriptions will be covered according to your prescription plan.

Prescription	Recommendation
Oral fluoride supplements	Children 6 months of age and older without fluoride in their water source to prevent dental care
Iron supplements	Children ages 6 to 12 months at risk for iron-deficiency

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