

**Trestlewood Pediatrics**  
**Well Child Visit and Routine Immunization Schedule**

**Birth/First Visit**

Hep B #1

**2- 4 Weeks**

**2 Month**

Pediarix (DTaP, IPV, Hep B)  
 Prevnar 13  
 Rotavirus  
 Hib

**4 Month**

Pediarix (DTaP, IPV, Hep B)  
 Prevnar 13  
 Rotavirus  
 Hib

**6 Month**

Pediarix (DTaP, IPV, HepB)  
 Prevnar 13  
 Rotavirus  
 Seasonal Flu Vaccine

**9 Month**

Seasonal Flu Vaccine

**12 Month**

MMR  
 Varicella  
 Hep A # 1  
 Lead Screening  
 Hemoglobin  
 Seasonal Flu Vaccine

**15 Month**

DTaP  
 Prevnar 13  
 Hib  
 Seasonal Flu Vaccine

**18 Month**

Hep A # 2  
 Seasonal Flu Vaccine

**2 Year**

Hep A # 2 (if not given)  
 Seasonal Flu Vaccine

**3 Year**

Start Blood Pressure Check  
 Seasonal Flu Vaccine

**4 Year**

DTaP  
 IPV (Polio vaccine)  
 MMR  
 Varicella  
 Vision  
 Hearing  
 Seasonal Flu Vaccine

**5 Year**

4 Year Vaccines (if not given)  
 Vision  
 Hearing  
 Seasonal Flu Vaccine

**6 Year**

Vision  
 Seasonal Flu Vaccine

**7 Year**

Vision  
 Seasonal Flu Vaccine

**8 Year**

Vision  
 Seasonal Flu Vaccine

**9 Year**

Vision  
 Seasonal Flu Vaccine

**10 Year**

Vision  
 TdaP  
 Seasonal Flu Vaccine

**11 Year**

Vision  
 TdaP (if not given)  
 Meningococcal Conjugate  
 HPV (Human Papilloma Virus Vaccine)  
 Seasonal Flu Vaccine

**12 Year**

Vision  
 HPV # 2  
 Seasonal Flu Vaccine

**13 Year**

Vision  
 Seasonal Flu Vaccine

**14 Year**

Vision  
 Seasonal Flu Vaccine

**15 Year**

Vision  
 Seasonal Flu Vaccine

**16 Year**

Vision  
 Meningococcal Conjugate  
 Seasonal Flu Vaccine

**17 Year**

Vision  
 Meningococcal B  
 Seasonal Flu Vaccine

**18 Year and Older**

Vision  
 Meningococcal B # 2  
 Seasonal Flu Vaccine