

## CHECKUPS, IMMUNIZATIONS AND LABS

(Please save for future reference)

### *Check-Up Age*

<i>Birth</i> .....	<b>PKU &amp; HEP B DONE IN HOSPITAL</b>
<i>1 Week</i> .....	Physical exam /Educational handouts
<i>1 Month</i> .....	Physical exam/Educational handouts
<i>2 Months</i> .....	Pediarix (Opta,Hep B, IPV), HIB, Rotateq, Prevnar
<i>4 Months</i> .....	Pediarix, HIB, Rotateq, Prevnar
<i>6 Months</i> .....	Pediarix, Rotateq Prevnar
<i>9 Months</i> .....	Exam Only*** <i>PEDS Development Screen</i>
<i>12 Months</i> .....	Prevnar, MMR , VZV, Lead Screen (med), (CBC)
<i>15 Months</i> .....	DPTa, HIB
<i>18 Months</i> .....	Hepatitis A ***M-CHAT/ <i>PEDS SCREEN</i>
<i>2 Years</i> .....	Physical Exam, Hep A, Lead Screen***M-CHAT
<i>30 Months</i> .....	Physical Examination*** <i>PEDS Screen</i>
<i>3 Years</i> .....	Exam only
<i>4 Years</i> .....	Kinrix (IPV, DPTA) MMR / VZV, Vision/Hearing
<i>5 Years</i> .....	Exam Only (Labs if indicated), Vision/Hearing CBC, chol (between 4-8 yrs)
<i>6 Years &amp; every yr. after</i> .....	Exam, updating immun/lab if indicated Vision/Hearing 8 &10yr
<i>1-14 Years</i> .....	Tdap, MCV , Gardasil (3), Men B (2) Hearing at 12, 15, 18 yrs
<i>THERE-AFTER</i> .....	TD Booster (5yrs if injury)
<i>16 Years</i> .....	Pneumovac if high risk, 2nd Menactra

\*\*\*\*\*At every check-up includes a developmental screening

**Immunizations are covered under the VFC program if you have no or limited insurance coverage.**

**Please inquire if you qualify:**

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