



**WELL CARE SCHEDULES**

Each visit will include Developmental Surveillance and Anticipatory guidance.  
 Influenza Vaccine is recommended for every one after 6 month of age on yearly basis.  
Please schedule check-up for children after 4 years of age between May and August.

2 week	Visit to check changes in Heart and Body
1 month	Hep - B
2 months	DTaP+ Hib+IPV (Pentacel), Rotavirus
3 months	Prevnar, Hep-B
4 months	DTaP+ Hib+IPV (Pentacel), Rotavirus
5 months	Prevnar, Hep-B
6 months	DTaP+ Hib+IPV (Pentacel), Rotavirus
7 months	Prevnar,
9 months	PPD test, <b>Autism Screening</b>

- In first nine month total shots requirements are as bellow. Normally we give them in above mentioned sequence. We might switch shots according to availability of combination vaccines and circumstances of each child.

<b>DTaP – 3 shots</b>	<b>Polio - 3 shots</b>	<b>HiB - 3 shots</b>	<b>Prevnar - 3 shots</b>
<b>Hep – B - 3 shots</b>	<b>Rotavirus - 3 shots</b>		

- After First birthday we repeat some shots, which is called booster and normally we give them in following sequence. We might switch shots according to availability of combination vaccines and circumstances of each child.

12 MONTHS	<b>PREVNAR, Hib</b>	<b>Blood test if indicated</b>
14-15 MONTHS	<b>MMR, VARIVAX (Chickenpox)</b>	
16-18 MONTHS	DtaP	<b>Autism Screening</b>
20-21 MONTHS	<b>Hep A</b>	<b>Developmental Screening</b>
2 YEARS	<b>PPD, <u>BLOOD WORK</u></b>	<b>Autism Screening, Vision screen</b>
2.5 YEARS	<b>Hep A</b>	<b>Developmental Screening, Vision screen</b>
3 YEARS	<b>VARIVAX # 2 (Chickenpox)</b>	<b>Autism Screening, Hearing &amp; Vision screen</b>
3.5 YEARS	<b>PPD</b>	<b>Hearing &amp; Vision screen</b>
4 YEARS	<b>DTaP, Polio, MMR</b>	<b>Hearing &amp; Vision screen</b>
5 YEARS	<b><u>BLOODWORK</u></b>	<b>Hearing &amp; Vision screen</b>

**After 5 years of age Regular check-up is required ONCE every year.**

**TRAVEL VACCINATION CENTER**

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