

IMMUNIZATION SCHEDULE AT OUR OFFICE

DTaP= Diphtheria, Tetanus & Pertussis 2. IPV= Polio 3. Hib = Hemophilus Influenzae Type B, 4. MMR = Measles, Mumps & Rubella, 5. HPV= Human Papilloma Virus, 6. Tdap= Adult Diphtheria, Tetanus & Pertussis, 7. Meningococcal, 8. Chickenpox

BIRTH HEPATITIS B #1

1 MONTH: HEPATITIS B # 2

**2 MONTHS: 1 PENTACEL (DTAP+ IPV+ HIB) 2 PNEUMOVAX,
3 ROTOVIRUS (by mouth)**

**4 MONTHS: 1 PENTACEL (DTAP+ IPV+ HIB) 2 PNEUMOVAX,
3 ROTOVIRUS (By mouth)**

**6 MONTHS: 1 PENTACEL (DTAP+ IPV+ HIB) 2 PNEUMOVAX,
3 ROTOVIRUS (By mouth)**

9 MONTHS: HEPATITIS B #3,

12 MONTHS: CHICKENPOX #1, MMR#1, HEPATITIS A #1, Hemoglobin

15 MONTHS: DTAP#4, HIB#4, PNEUMOVAX #4 (Booster Shots)

19 MONTHS: HEPATITIS A #2

**5 YEARS: DTaP#5, IPV#4, MMR#2, CHICKENPOX#2,
VISION SCREEN & HEARING SCREEN.**

11-12 YEARS: Tdap, HPV#1, MENINGOCOCCAL#1

17-18 YEARS: MENINGOCOCCAL#2