

## Well Visit Schedule for Pediatrics and Adolescents

Age	Reason for Visit	Immunization	Exam	Lab	Other
3-5 Days Old (24-48 hours after hospital discharge)	Weight & Jaundice Check	Recombivax (Hep B), Beyfortus (RSV)-if needed			
2 Months	Growth & Development Check	Vaxelis(Dtap,Hib,Polio,Hep B), Prevnar20 (Pneumococcal), RotaTeq(Rotavirus)			
4 Months	Growth & Development Check	Vaxelis(Dtap,Hib,Polio,Hep B), Prevnar20 (Pneumococcal), RotaTeq(Rotavirus)			
6 Months	Growth & Development Check	Vaxelis(Dtap,Hib,Polio,Hep B), Prevnar20 (Pneumococcal), RotaTeq(Rotavirus)			
9 Months	Growth & Development Check				
12 Months	Growth & Development Check	Prevnar 20 (Pneumococcal), MMR, Varicella		Hemoglobin, Lead	
15 Months	Growth & Development Check	Pentacel (Dtap, Hib, Polio), Vacta(HepA)			
18 Months	Growth & Development Check				MCHAT- Autism Screening
2 Years	Growth & Development Check	Vacta (Hep A)		Hemoglobin, Lead	MCHAT- F/U Screening
3 Years	Growth & Development Check				
4-6 Years	Growth & Development Check	Proquad(MMR, Varicella), Daptacel(Dtap), Ipol(Polio)	Vision Screen		
7 Years	Growth & Development Check				
8 Years	Growth & Development Check				
9-11 Years	Growth & Development Check	Gardasil 9 (HPV, 2nd dose in 6m)			
11 Years	Growth & Development Check	Adacel(Tdap), Menquadfi(Meningococcal)			
12 Years	Growth & Development Check				Adolescent Depression/Anxiety Screen
13 Years	Growth & Development Check				Adolescent Depression/Anxiety Screen
14 Years	Growth & Development Check				Adolescent Depression/Anxiety, Alcohol & Drug Screen
15 Years	Growth & Development Check				Adolescent Depression/Anxiety, Alcohol & Drug Screen
16 years	Growth & Development Check	Menquadfi(MeningococcalA), Bexsero(Meningococcal B, 2nd dose in 6m)			Adolescent Depression/Anxiety, Alcohol & Drug Screen. Females - STI Testing
17 Years	Growth & Development Check				Adolescent Depression/Anxiety, Alcohol & Drug Screen
18 Years	Growth & Development Check		Vision Screen		Screen for TB (if needed), Adolescent Depression/Anxiety, Alcohol & Drug Screen
6 Months- 18 Years		Flu/COVID Vaccine (in season)			

Please note that CNY Family Care follows the vaccine schedule as recommended by the CDC Child and Adolescent Immunization guidelines. The schedules listed above are the minimum time intervals for which these vaccines may be administered and are subject for extension depending on Provider recommendation.