

IMMUNIZATION UPDATE CHECKLIST

Child's Name _____

DOB _____

Hepatitis B vaccine:

- _____ First dose at birth to 2 months
- _____ Second dose at 1 to 4 months
- _____ Third dose at 6 to 18 months

Hib vaccine:

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 months
- _____ Fourth dose at 12 to 15 months

Polio vaccine: (IPV)

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 to 18 months
- _____ Fourth dose at 4 to 6 years

DTaP vaccine:

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 months
- _____ Fourth dose at 15 to 18 months
- _____ Fifth dose at 4 to 6 years
- _____ DTaP is recommended at 11 years

Pneumococcal vaccine: (Pneumovax)

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 months
- _____ Fourth dose at 12 to 18 months

Hepatitis A vaccine:

- _____ First dose at 12 months
- _____ Second dose at 18 months

Influenza vaccine:

- _____ First dose at 6 months
(requires a booster one month after initial vaccine)
- _____ Annually until 5 years
(then yearly if indicated or desired, according to risks)

MMR vaccine:

- _____ First dose at 12 to 15 months
- _____ Second dose at 4 to 6 years

Varicella vaccine:

- _____ First dose at 12 to 15 months
- _____ Second dose at 4 to 6 years

Rotavirus vaccine: (Rota Teq)

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 months

Meningococcal vaccine:

- _____ Single dose at 11 years

Pentacel = DTaP, Hib, IPV