



5001 E. Busch Blvd.
Tampa FL 33617
Phone(813) 984-8846 Fax(813) 984-8827

www.juliabarrigamd.com

Version 12/07/16

Immunizations, Well Check Up and Routine Procedures Schedule

We have developed this sheet to help you keep track of your child's appointments. This is the schedule we follow in our office, based on national standards. Please note that some other practices may follow a slightly different schedule, as there is some flexibility in the timing of certain vaccines. This schedule is effective June 2006, and may change as new immunizations are developed. Any child who is missing vaccines from an earlier period will have his/her schedule modified in order to catch up as necessary.

Well Check Up	Immunizations and Routine Procedures				
Birth (in hospital)	Hepatitis B #1				
1 Month	Hepatitis B #2				
2 Months	DTaP #1	HIB #1	IPV #1	Pneumo #1	Rotarix #1
4 Months	DTaP #2	HIB #2	IPV #2	Pneumo #2	Rotarix #2
6 Months	DTaP #3	HIB #3	IPV #3	Pneumo #3	Hepatitis B #3
9 Months	Screening the risk factors for Anemia, Lead, Vision, and Hearing				Dental Fluoride Varnish
12 Months	Hep A #1	HIB #4	Varivax #1	Pneumo #4	MMR #1
15 Months	DTaP #4				Dental Fluoride Varnish
18 Months	HEP A #2	Developmental Assessment			Dental Fluoride Varnish (Cavities prevention treatment)
21 Months	Dental Fluoride Varnish (Cavities prevention treatment)				
2 Years	Dental Fluoride Varnish (Cavities prevention treatment)		Screening for Anemia and Lead exposure		Developmental Assessment
2 Years & 3 Months	Dental Fluoride Varnish (Cavities prevention treatment)				
2 Years & 6 Months	Dental Fluoride Varnish (Cavities prevention treatment)				
2 Years & 9 Months	Dental Fluoride Varnish (Cavities prevention treatment)				
3 Years	Dental Fluoride Varnish (Cavities prevention treatment)		Vision Screening		Screening for Anemia and Developmental Assessment
3 Years & 3 Months	Dental Fluoride Varnish (Cavities prevention treatment)				
3 Years & 6 Months	Dental Fluoride Varnish (Cavities prevention treatment)				
4 Years	DTaP #5	Vision Screening	IPV #4	Varivax #2	MMR #2
5 Years	Vision Screening		Hearing Screening		Urine Screening
6 Years	Vision Screening		Hearing Screening		
7 Years	Developmental Assessment				
8 Years	Vision Screening		Hearing Screening		
9 Years	(BOYS & GIRLS) Human Papilloma Virus #1		2 dose series: 2nd dose is 5mos after 1st dose		Developmental Assessment
10 Years	Tdap	Vision Screening		Hearing Screening	
11 Years	Meningococcal # 1		Bexsero # 1, Return in 1 month and receive # 2		Developmental Assessment
12 Years	Vision Screening		Hearing Screening		
13 Years	Developmental Assessment				
14 Years	Developmental Assessment				
15 Years	Vision Screening		Hearing Screening		
16 Years	Meningococcal # 2		Developmental Assessment		Gonorrhea and Chlamydia Urine Test
17 Years	Developmental Assessment				
18 Years	Vision Screening		Hearing Screening		

(
A 8
p 1
p 3
o)
i
n 9
t 8
m 4
e -
n 8
t 8
s 4
6

Or visit us on the web 24 hours a day to request your appointment.

Is a comprehensive health and developmental evaluation that serves to identify and correct medical conditions before the conditions become serious and disabling. The procedures listed above are only some of the ones performed during a well check up; additional screenings can also be done at parental request.

Well Check Up:

DTaP = Diphtheria, Tetanus, and Acellular Pertussis

IPV = Inactivated Polio Vaccine

HIB = Haemophilus Influenzae type b conjugate (this is NOT the "flu shot")

MMR = Measels, Mumps and Rubella

HPV = Human Papilloma Virus

VACCINES

VARIVAX = Chickenpox vaccine

Tdap = Tetanus and diphtheria and acellular pertussis

Pneumo = Pneumococcal vaccine

Meningococcal = Meningococcal vaccine

Rotarix=Rotavirus vaccine (oral)