

# Edgewood Center Pediatrics, P.C.

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## Schedule of Immunizations

First Newborn Visit-----Height, Weight and Head circumference  
One Month Visit-----Height, Weight and Head circumference  
Two Month Visit-----PEDIARIX, HIB # 1, Prevnar # 1, Rotateq # 1  
Four Month Visit-----PEDIARIX, HIB # 2, Prevnar # 2, Rotateq # 2  
Six Month Visit-----PEDIARIX, HIB # 3, Prevnar # 3, Rotateq # 3  
Nine Month Visit-----U/A (urine bag), CBC  
One Year Visit-----HIB # 3, Hepatitis A #1, Varivax #1, MMR # 1  
Fifteenth Month Visit-----DTaP # 4, Prevnar #4  
Eighteen Month Visit-----Hepatitis A #2  
Two Year Visit-----Height and Weight  
Three Year Visit-----CBC, Vision Screen  
Four Year Visit-----Vision Screen  
Five Year Visit-----DTaP # 5, Varivax # 2, MMR # 2, IPV # 4, CBC, U/A, Vision Screen  
Yearly check-up-----Vision screen, Immunizations as needed  
Eleven year check up ----- U/A , CBC, Vision screen, Tdap, Menactra, Gardasil - (girls only)

CBC – Complete blood count (check for anemia, white blood cell count, platelet count, etc.)  
DTaP – Diphtheria, Tetanus (lock jaw), acellular pertussis (whooping cough)  
HiB – *Hemophilus influenza* type B  
MMR – Measles Mumps Rubella (German Measles)  
U/A (urine bag or cup) – Urine Analysis (check for signs of infection, diabetes, protein, etc.)  
Varivax – Chicken Pox vaccine  
IPV – Polio given as an injection (inactivated vaccine)  
Prevnar – Pneumococcal 7-Valent Vaccination (PCV7)  
PEDIARIX – DTaP – Hepatitis B – IPV Combined  
Rotateq – Rotavirus  
Hepatitis A – Protects against hepatitis A  
Gardasil – Protects against Human Papillomavirus – currently given to girls only

\* Immunization schedule conforms with recommendations published by the Center for disease control and Prevention and the American Academy of Pediatrics. It is subject to change as new research becomes available and as new recommendations are made.