



**We want all EHP members to have a healthy start. The first step is to schedule a visit with your Primary Care Provider. Then follow these Prevention Guidelines to keep healthy.**

**To learn what you can do to keep yourself and your children healthy, follow these steps:**

- ✓ Find your age or your child's age.
- ✓ Read the list of recommended health screenings and immunizations.
- ✓ Make an appointment with your doctor.
- ✓ Use space on the back panel to track completed items.
- ✓ Make additional appointments for future screenings and immunizations.
- ✓ Review this list annually with your doctor.
- ✓ Check your Schedule of Benefits regarding health plan coverage of these preventive measures.

New changes in vaccine usage recommended by the Advisory Committee for Immunization Practices (ACIP), which could not be included in this schedule, will take effect when they appear in the Morbidity and Mortality Weekly Reports (MMWR), the official report of the Center for Disease Control (CDC)

BIRTH TO 9 MONTHS		12 TO 24 MONTHS		2 TO 5 YEARS		6 TO 21 YEARS	
Screenings / Immunizations	When	Screenings / Immunizations	When	Screenings / Immunizations	When	Screenings / Immunizations	When
<b>Health &amp; Family History</b> <b>Physical Exam</b> (unclothed) <b>Vision &amp; Hearing Assessment</b> <b>Dental Assessment</b> <b>Developmental Assessment</b> <b>Length/Weight/Head Circumference</b> (plotted) <b>Lead Risk Assessment</b> <b>Health Education/Age Appropriate Guidance</b> <b>Mental Health Assessment</b> <b>Nutrition Assessment/ Diet Referral for Identified Problem</b>	At every well child visit (Minimum of 6 visits between 0-15 months)	<b>Health &amp; Family History</b> <b>Physical Exam</b> (unclothed) <b>Vision &amp; Hearing Assessment</b> <b>Dental Assessment</b> <b>Developmental Assessment</b> <b>Length/Weight/Head Circumference</b> (plotted) <b>Lead Risk Assessment</b> <b>Health Education/Age Appropriate Guidance</b> <b>Mental Health Assessment</b> <b>Nutrition Assessment/ Diet Referral for Identified Problem</b>	At every well child visit (At 12, 15, 18 and 24 months)	<b>Health &amp; Family History</b> <b>Physical Exam</b> (unclothed) <b>Vision &amp; Hearing Assessment</b> <b>Dental Assessment</b> <b>Developmental Assessment</b> <b>Length/Weight/BMI</b> (plotted) <b>Health Education/Age Appropriate Guidance</b> <b>Mental Health Assessment</b> <b>Nutrition Assessment/ Diet Referral for Identified Problem</b>	At every well child visit Annually	<b>Health &amp; Family History</b> <b>Physical Exam</b> (unclothed) <b>Vision &amp; Hearing Assessment</b> <b>Height &amp; Weight &amp; BMI</b> (plotted) <b>Blood Pressure</b> <b>Hepatitis B Immunization</b> (if never received) <b>MMR (Measles, Mumps, Rubella) # 2 Immunization</b> (if not given) <b>Flu Immunization</b> <b>Meningococcal Immunization</b> (11-12 years old) <b>Pneumococcal Immunization</b> (if at high risk) <b>Tdap Immunization Booster</b> <b>Chicken Pox Immunization</b> (if needed) <b>HPV Vaccine</b> (11 - 12 years old; Males - Gardasil Only) <b>Pap Smear</b> (if sexually active or age 18) <b>Mental Health Assessment</b> <b>TB Risk Assessment</b> <b>Cholesterol Screening</b> <b>Developmental Assessment</b> <b>Diet Assessment</b> <b>Health Education/Age Appropriate Guidance</b> <b>Dental Exam</b> (by a dentist) <b>Schedule Return Visit</b> <b>Risk Assessment for STD/HIV &amp; Substance Abuse</b> <b>Meningococcal Immunization Booster</b> (16 years old)	Annually
<b>1st Hereditary/Metabolic Screening</b> <b>Perinatal History</b> <b>Hepatitis B Immunization #1</b>	At birth	<b>Prevnar Immunization #4</b> <b>Hib Immunization #4</b> <b>Chicken Pox Immunization</b> <b>MMR (Measles, Mumps, Rubella) Immunization #1</b> <b>Anemia Blood Test #1</b> <b>Lead Blood Test #1</b> <b>TB Risk Assessment</b> <b>Hepatitis A Immunization</b> <b>Flu Immunization</b>	At 12 months	<b>Anemia Blood Test #2</b> <b>Hepatitis A Immunization</b> <b>Flu Immunization</b> <b>Meningococcal Immunization</b> (2 - 10 years old) <b>Lead Risk Assessment/Lead Test #2</b> <b>TB Risk Assessment</b> <b>Cholesterol Screening</b> <b>Dental Exam</b> (by a dentist)	At 2 years	<b>HPV Vaccine</b> (11 - 12 years old; Males - Gardasil Only) <b>Pap Smear</b> (if sexually active or age 18)	
<b>Hib Immunization #1</b> <b>DTaP Immunization #1</b> <b>Prevnar Immunization #1</b> <b>Polio Immunization #1</b> <b>Rotavirus Immunization #1</b> <b>Hepatitis B Immunization #2</b> <b>2nd Hereditary/Metabolic Screening</b>	At 2 months	<b>Anemia Blood Test #1</b> <b>TB Risk Assessment</b> <b>Hepatitis A Immunization</b> <b>Flu Immunization</b> <b>Hib Immunization #4</b> (if not yet given) <b>DTaP Immunization #4</b> <b>Prevnar Immunization #4</b> (if not yet given)	At 15 months	<b>Flu Immunization</b> <b>Pneumococcal Immunization</b> (if high risk) <b>Lead Risk Assessment</b> <b>TB Risk Assessment</b> <b>Cholesterol Screening</b> <b>Dental Exam</b> (by a dentist) <b>DTaP Immunization</b>	At 3 years	<b>HPV Vaccine</b> (11 - 12 years old; Males - Gardasil Only) <b>Pap Smear</b> (if sexually active or age 18)	
<b>Hib Immunization #2</b> <b>DTaP Immunization #2</b> <b>Prevnar Immunization #2</b> <b>Polio Immunization #2</b> <b>Rotavirus Immunization #2</b> <b>Hepatitis B Immunization #2</b> (if not given at 2 month visit)	At 4 months	<b>TB Risk Assessment</b> <b>Any Immunization missed from birth to 15 months</b> <b>TB Risk Assessment</b>	At 18 months	<b>Polio Immunization</b> <b>MMR (Measles, Mumps, Rubella) Immunization #2</b> <b>Chicken Pox Immunization</b> <b>Flu Immunization</b> <b>Lead Risk Assessment</b> <b>TB Risk Assessment</b> <b>Cholesterol Screening</b> <b>Blood Pressure</b> <b>Dental Exam</b> (by a dentist)	At 4 years	<b>HPV Vaccine</b> (11 - 12 years old; Males - Gardasil Only) <b>Pap Smear</b> (if sexually active or age 18)	
<b>Hib Immunization #3</b> <b>DTaP Immunization #3</b> <b>Prevnar Immunization #3</b> <b>Polio Immunization #3</b> <b>Rotavirus Immunization #3</b> <b>Hepatitis B Immunization #3</b> <b>Flu Immunization</b>	At 6 months	<b>Hepatitis A Immunization</b> <b>Flu Immunization</b>	At 24 months	<b>DTaP Immunization</b> (if not yet given) <b>Polio Immunization</b> (if not yet given) <b>MMR (Measles, Mumps, Rubella) Immunization #2</b> (if not yet given) <b>Flu Immunization</b> <b>Chicken Pox Immunization</b> (if not yet given) <b>Lead Risk Assessment</b> <b>TB Risk Assessment</b> <b>Cholesterol Screening</b> <b>Blood Pressure</b> <b>Dental Exam</b> (by a dentist)	At 5 years	<b>HPV Vaccine</b> (11 - 12 years old; Males - Gardasil Only) <b>Pap Smear</b> (if sexually active or age 18)	
<b>Any Immunization missed from birth to 6 months</b> <b>Flu Immunization</b>	At 9 months			<b>Flu Immunization</b> <b>Chicken Pox Immunization</b> (if not yet given) <b>Lead Risk Assessment</b> <b>TB Risk Assessment</b> <b>Cholesterol Screening</b> <b>Blood Pressure</b> <b>Dental Exam</b> (by a dentist)		<b>Risk Assessment for STD/HIV &amp; Substance Abuse</b>	Starting at age 12