

## SOUTH RIVER PEDIATRICS RECOMMENDED VACCINE IMMUNIZATION SCHEDULE

<b>BIRTH (IN HOSPITAL)</b>	HEP B #1 AND PKU #1
<b>2-3 DAY OLD VISIT (WEIGHT CHECK)</b>	HEP B #1 (IF NOT RECEIVED AT HOSPITAL)
<b>2 WEEK VISIT</b>	PKU #2
<b>1 MONTH VISIT</b>	HEP B #2
<b>2 MONTH VISIT</b>	PENTACEL #1 (DTAP, IPV, HIB) PREVNAR 13 #1 ROTATEG (STATE INSURANCE)
<b>4 MONTH VISIT</b>	PENTACEL #2 (DTAP, IPV, HIB) PREVNAR 13 #2 ROTATEG (STATE INSURANCE)
<b>6 MONTH VISIT</b>	PENTACEL #3 (DTAP, IPV, HIB) PREVNAR 13 #3 ROTATEG (STATE INSURANCE)
<b>9 MONTH VISIT</b>	HEP B #3
<b>12 MONTH VISIT</b>	MMR #1 VARICELLA #1 PREVNAR 13 #4
<b>15 MONTH VISIT</b>	HIB #4 DTAP #4 PREVNAR 13 BOOSTER IF NOT RECEIVED BEFORE
<b>18 MONTH VISIT</b>	HIB #4 (IF NOT RECEIVED AT 15 MONTHS) DTAP #4 (IF NOT RECEIVED AT 15 MONTHS) PREVNAR 13 BOOSTER IF NOT RECEIVED BEFORE HEP A #1 (STATE INSURANCE)
<b>2 YEAR VISIT</b>	HEP A #2 (STATE INSURANCE) PREVNAR 13 BOOSTER IF NOT RECEIVED BEFORE
<b>3 YEAR VISIT</b>	HEP A (STATE INSURANCE AND NOT RECEIVED BEFORE) PREVNAR 13 BOOSTER IF NOT RECEIVED BEFORE
<b>4 YEAR VISIT</b>  <b>(THE FIRST 4 SHOTS ARE GIVEN IF GOING TO SCHOOL IN THE SAME YEAR)</b>	DTAP #5 IPV #4 MMR #2 VARICELLA #2 HEP A (STATE INSURANCE AND NOT RECEIVED BEFORE) PREVNAR 13 BOOSTER IF NOT RECEIVED BEFORE
<b>5 YEAR VISIT</b>  <b>(THESE SHOTS ARE MANDATORY FOR KINDERGARTEN AND ARE ADMINISTERED IF NOT GIVEN AT 4 YEAR VISIT)</b>	DTAP #5 IPV #4 MMR #2 VARICELLA #2 HEP A (STATE INSURANCE AND NOT RECEIVED BEFORE)
<b>9 YEAR VISIT AND OLDER</b>	GARDASIL (3 DOSE VACCINE SPREAD ACROSS 6 MONTHS)
<b>11 YEAR VISIT AND OLDER</b>	ADACEL (TETANUS BOOSTER) VARICELLA #2 IF NOT RECEIVED BEFORE MENACTRA (NOT MANDATORY)