

CARLA TAHAN, M.D.

PHYSICAL & IMMUNIZATION SCHEDULE

NEWBORN:	HEP B#1	2 YEAR:	HEP A#2 TB-PPD TEST HGB
1 MONTH:	HEP B #2	2 1/2 YEAR:	HGB, HEP A (IF NOT GIVEN)
2 MONTH:	DTAP #1 IPV #1 HIB #1 PREVNAR #1 ROTATEQ #1	3 YEAR:	HEP A (IF NOT GIVEN) UA (IF POTTY TRAINED) VITALS
4 MONTH:	DTAP #2 IPV #2 HIB #2 PREVNAR #2 ROTATEQ#2	4 YEAR:	MMR #2 BP, VISION (SHAPES), UA
6 MONTH:	DTAP #3 HIB #3 PREVNAR #3 ROTATEQ #3	5 YEAR:	DTAP #5, IPV#4, PPD, HGB BP, UA, VISION, Hearing Test
9 MONTH:	HEP B #3 HGB TEST	6 YEAR:	VARICELLA #2 VITALS, UA
12 MONTH:	VARICELLA#1 HEP A #1 TB-PPD TEST	7-10 YEAR:	VITALS, UA
15 MONTH:	MMR #1 HIB #4	11 YEAR:	TDAP BOOSTER MENACTRA#1 GARDASIL #1 VITALS, UA
18 MONTH:	DTAP #4 IPV #3 PREVNAR #4	12-15 YEAR:	VITALS, UA
		16-18 YEAR:	MENACTRA #2, UA Bexsero (Before College)

****HGB and Vision Test if concerns
at time of visit ****

**Bexsero (Men B) Vaccine recommended for all
College Students**

**INFLUENZA VACCINE IS
RECOMMENDED YEARLY, 6 MONTHS
AND UP.**

**(*)QUEST FORM (≥ 13YRS)(*)
UA FOR ALL ACTIVE ADOLESCENTS G/C**