



Immunization Screening Tool

Locate the page with the child's age range. According to the recommended ACIP schedule, the vaccines listed under that age should appear on their vaccination record. If the child has not yet attended a well visit for their age, go to the previous age group.

Use the vaccination record to mark each vaccine received on the screening tool. If all boxes are checked, the child is considered UPTO DATE. The record may list additional vaccinations but concentrate only on the vaccines listed on the screening tool, which is the minimum of what the child should have received at their age.

Under each vaccination type are the trade or generic names in which they may be listed on the record. Some vaccinations are marked "not used in the U.S." but may appear on children from other countries.

This screen does not apply to children with high risk status. These children should be directed to their primary care physician.

Age: Birth – 1 Month

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB • Engerix-B • Recombivax HB • HBV 	<input type="checkbox"/> Dose 1

Per ACIP recommendations, the 1st dose of Hepatitis B vaccine should be administered within the first 24 hours after birth.

UPTO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 2-3 Months

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB • Engerix-B • Recombivax HB • HBV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Rotavirus <ul style="list-style-type: none"> • RV • RotaTeq • Rotarix 	<input type="checkbox"/> Dose 1
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pediarix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediarix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 4-5 Months

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Rotavirus <ul style="list-style-type: none"> • RV • RotaTeq • Rotarix 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pediatrix) • DTaP-Hib-IP (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • Pentacel • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • PCV • Synflorix (not used in the U.S.) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediatrix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 6-11 Months

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Rotavirus <ul style="list-style-type: none"> • RV • RotaTeq • Rotarix 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pedarix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Inactivated poliovirus <ul style="list-style-type: none"> • IPV, POL, IPOL • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pedarix) • OPV (not used in the U.S.) • Polio 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Influenza <ul style="list-style-type: none"> • Flu • Fluzone • Fluzone High Dose 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 12-14 Months

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Rotavirus <ul style="list-style-type: none"> • RV • RotaTeq • Rotarix 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pediatrix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediatrix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Influenza <ul style="list-style-type: none"> • Flu • Fluzone • Fluzone High Dose 	<input type="checkbox"/> Annual Dose (one or two doses)

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 15-17 Months

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Rotavirus <ul style="list-style-type: none"> • RV • RotaTeq • Rotarix 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pediarix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediarix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Influenza <ul style="list-style-type: none"> • Flu • Fluzone • Fluzone High Dose 	<input type="checkbox"/> Annual Dose
Measles, mumps, rubella <ul style="list-style-type: none"> • MMR • MMRV • ProQuad 	<input type="checkbox"/> Dose 1
Varicella <ul style="list-style-type: none"> • Chickenpox • MMRV • ProQuad • VAR 	<input type="checkbox"/> Dose 1

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 18 Months

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Rotavirus <ul style="list-style-type: none"> • RV • RotaTeq • Rotarix 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pediarix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediarix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Influenza <ul style="list-style-type: none"> • Flu • Fluzone • Fluzone High Dose 	<input type="checkbox"/> Annual Dose
Measles, mumps, rubella <ul style="list-style-type: none"> • MMR • MMRV • ProQuad 	<input type="checkbox"/> Dose 1
Varicella <ul style="list-style-type: none"> • Chickenpox • MMRV • ProQuad • VAR 	<input type="checkbox"/> Dose 1

UPTO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 19 – 23 months

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Rotavirus <ul style="list-style-type: none"> • RV • RotaTeq • Rotarix 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pediarix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediarix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Influenza <ul style="list-style-type: none"> • Flu • FluMist • Fluzone • Fluzone High Dose • Fluarix 	<input type="checkbox"/> Annual Dose
Measles, mumps, rubella <ul style="list-style-type: none"> • MMR • MMRV • ProQuad 	<input type="checkbox"/> Dose 1
Varicella <ul style="list-style-type: none"> • Chickenpox • MMRV • ProQuad • VAR 	<input type="checkbox"/> Dose 1

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 2-5 Years

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pediarix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediarix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Influenza <ul style="list-style-type: none"> • Flu • FluMist • Fluzone • Fluzone High Dose • Fluarix 	<input type="checkbox"/> Annual Dose
Measles, mumps, rubella <ul style="list-style-type: none"> • MMR • MMRV • ProQuad 	<input type="checkbox"/> Dose 1
Varicella <ul style="list-style-type: none"> • Chickenpox • MMRV • ProQuad • VAR 	<input type="checkbox"/> Dose 1
Hepatitis A <ul style="list-style-type: none"> • HepA • Havrix • Vaqta • HAV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 6 Years

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • Infanrix, Daptacel • DTaP-HepB-IPV (Pediarix) • DTaP-Hib-IPV (Pentacel) • DTaP-IPV (Kinrix) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4 <input type="checkbox"/> Dose 5
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediarix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Influenza <ul style="list-style-type: none"> • Flu • FluMist • Fluvirin • Fluzone • Fluzone • Fluarix High Dose 	<input type="checkbox"/> Annual Dose
Measles, mumps, rubella <ul style="list-style-type: none"> • MMR • MMRV (ProQuad) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Varicella <ul style="list-style-type: none"> • Chickenpox • MMRV (ProQuad) • VAR 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Hepatitis A <ul style="list-style-type: none"> • HepA • Havrix • Vaqta • HAV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2



Immunization Screening Tool

Age: 7–10 Years

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediatrix) • OPV (not used in the U.S.) • Polio, POL, IPOL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Influenza <ul style="list-style-type: none"> • Flu • FluMist • Fluvirin • Fluzone • Fluzone High Dose • Fluarix 	<input type="checkbox"/> Annual Dose
Measles, mumps, rubella <ul style="list-style-type: none"> • MMR • MMRV • ProQuad 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Varicella <ul style="list-style-type: none"> • Chickenpox • MMRV (ProQuad) • VAR 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Hepatitis A <ul style="list-style-type: none"> • HepA • Havrix • Vaqta • HAV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 11–12 Years

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB, HBV • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP, DTP • DTaP-HepB-IPV (Pediarix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4 <input type="checkbox"/> Dose 5
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib, HIB • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediarix) • OPV (not used in the U.S.) • Polio, POL 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Influenza <ul style="list-style-type: none"> • Flu • FluMist • Fluvirin • Fluzone • Fluzone High Dose • Fluarix 	<input type="checkbox"/> Annual Dose
Measles, mumps, rubella <ul style="list-style-type: none"> • MMR • MMRV (ProQuad) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Varicella <ul style="list-style-type: none"> • Chickenpox • MMRV • ProQuad • VAR 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2



Vaccine	Received?
Hepatitis A <ul style="list-style-type: none"> • HepA • Havrix • Vaqta • HAV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Meningococcal ACWY <ul style="list-style-type: none"> • MenACWY • Menomune • Menactra • Menveo • MPSV4 • MCV4 	<input type="checkbox"/> Dose 1
Tetanus, Diphtheria, acellular pertussis <ul style="list-style-type: none"> • Tdap • Adacel • Boostrix 	<input type="checkbox"/> Dose 1
Human Papillomavirus <ul style="list-style-type: none"> • HPV, 4vHPV, 9vHPV • Cervarix (2vHPV, approved for females ONLY) • Gardasil 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 (if necessary)

UP TO DATE (if all checked above)

Missing Doses _____



Immunization Screening Tool

Age: 13–18 Years

Vaccine	Received?
Hepatitis B <ul style="list-style-type: none"> • HepB • Engerix-B • Recombivax HB 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Diphtheria, tetanus, acellular pertussis <ul style="list-style-type: none"> • DTaP • DTaP-HepB-IPV (Pediarix) • DTaP-Hib-IPV (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4 <input type="checkbox"/> Dose 5
Haemophilus influenzae type b <ul style="list-style-type: none"> • Hib • ActHIB • Hiberix • PedvaxHIB • DTaP-IPV-Hib (Pentacel) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
Pneumococcal conjugate <ul style="list-style-type: none"> • Prevnar • Prevnar 13 • Synflorix (not used in the U.S.) • PCV 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Inactivated poliovirus <ul style="list-style-type: none"> • IPV • DTaP-IPV-Hib (Pentacel) • DTaP-HepB-IPV (Pediarix) • OPV (not used in the U.S.) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 4
Influenza <ul style="list-style-type: none"> • Flu • FluMist • Fluvirin • Fluzone • Fluzone High Dose • Fluarix 	<input type="checkbox"/> Annual Dose
Measles, mumps, rubella <ul style="list-style-type: none"> • MMR • MMRV (ProQuad) 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Varicella <ul style="list-style-type: none"> • Chickenpox • MMRV • ProQuad 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2



Vaccine	Received?
Hepatitis A <ul style="list-style-type: none"> • HepA • Havrix • Vaqta 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
Meningococcal ACWY <ul style="list-style-type: none"> • MenACWY • Menomune • Menactra • Menveo • MPSV4 • MCV4 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 (age 16)
Tetanus, Diphtheria, acellular pertussis <ul style="list-style-type: none"> • Tdap • Adacel • Boostrix 	<input type="checkbox"/> Dose 1
Human Papillomavirus <ul style="list-style-type: none"> • HPV, 4vHPV, 9vHPV • Cervarix (2vHPV, approved for females ONLY) • Gardasil 	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 (if necessary)

UP TO DATE (if all checked above)

Missing Doses _____