

Recommended Childhood Immunization Schedule

Child's Name:

Birth Date:

Vaccine	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose	
Diphtheria, Tetanus, Pertussis DTaP	Date:	Date:	Date:	Date:	Date:	Date:
	2 months	4 months	6 months	15 - 18 months	4 - 6 years	Td 11 - 12 years
H. Influenzae type B HiB	Date:	Date:	Date:	Date:		
	2 months	4 months	6 months	12 - 15 months		
Inactivated Polio IPV	Date:	Date:	Date:	Date:		
	2 months	4 months	6 - 18 months	4 - 6 years		
Pneumococcal Conjugate PCV	Date:	Date:	Date:	Date:		
	2 months	4 months	6 months	12 - 15 months		
Hepatitis B Hep B	Date:	Date:	Date:			
	Birth	1 - 4 months	6 - 18 months			
Measles, Mumps, Rubella MMR	Date:	Date:				
	12 - 15 months	4 - 6 years				
Varicella (chicken pox)	Date:					
	12 - 18 months					


www.littleremedies.com

For More Information

Centers For Disease Control and Prevention
www.cdc.gov/nip or
1-800-232-2522 (English)
1-800-232-0233 (Spanish)

American Academy of Pediatrics
www.aap.org/family/vaccine.htm

National Network for Immunization Information
www.immunizationinfo.org

Vaccines Below Are For Selected Populations (Consult your Physician)

Pneumococcal Conjugate PCV	Date:	
	25 - 59 months	
Hepatitis A Hep A	Date:	
	24 months - 18 years	
Influenza PCV	Date:	
	6 month - 18 years (yearly)	

This information is the recommended childhood immunization schedule as of January 2002 approved by the Advisory Committee on Immunization Practices (ACIP), The American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). However changes may occur so always consult with your pediatrician who is the best source of information regarding the healthcare of your child.