Appendix 14
HealthCheck Visit Schedule

AGE	INFANCY						EARLY CHILDHOOD						LATE CHILDHOOD					ADOLESCENCE			
	Birth - 1 mo.	2 mos.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	24 mos.	30 mos.	3 yrs.	4 yrs.	5 yrs.	6-7 yrs.	8-9 yrs.	10-11 yrs.	12-13 yrs.	14-15 yrs.	16-17 yrs.	18-19 yrs.	20-21 yrs.
I. Health Nutritional & Developmental Assessment																					
A. HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
B. DEVEL/BEHAV. ASSESSMENT	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
C. HEALTH EDUC/ ANTICIPATORY GUIDE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
II. Physical Assessment																					
A. MEASUREMENTS																					
Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●												
Blood Pressure											●	●	●	●	●	●	●	●	●	●	●
B. UNCLOTHED PHYSICAL EXAM	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
C. SENSORY																					
Vision	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing	●	●	●	●	●	●	●	●	●	●	●	●	●	●			●		●		
D. DENTAL											●	●	●	●	●	●	●	●	●	●	●
III. Procedures																					
A. BLOOD LEAD TEST						●			●												
Pap Smear/Pelvic HIV	As Indicated																				
Tuberculin Test	As Indicated																				
Urinalysis	As Indicated																				

Key
● = to be performed

Recommended Childhood Immunization Schedule, United States

Vaccines are listed under routinely recommended ages. Bars indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. Ovals indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

AGE	Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	24 mos.	4-6 yrs.	11-12 yrs.	14-16 yrs.
VACCINE												
Hepatitis B	Hep B											
		Hep B			Hep B						Hep B	
Diptheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP			DTaP	Td	
H. influenzae type b			Hib	Hib	Hib	Hib						
Polio			IPV	IPV	IPV					IPV		
Measles, Mumps, Rubella						MMR				MMR	MMR	
Varicella						VAR					VAR	
Hepatitis A									Hep A - in selected areas			

RECOMMENDED NUMBER OF SCREENINGS

HealthCheck should begin with a neonatal examination at birth whenever possible. Medicaid covers the following screenings:

- Birth to one year, 6 screenings.
- Age one to two years, 3 screenings.
- Age two to three years, 2 screenings.
- Age three to twenty-one years, 1 screening per year.