

# Immunizations and Developmental Milestones

FOR YOUR CHILD FROM BIRTH THROUGH 6 YEARS OLD

Child's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

		Birth	1 month	2 months	4 months	6 months
Recommended Immunizations	Hepatitis B	<input type="radio"/> HepB	<input type="radio"/> HepB <sup>1</sup>			<input type="radio"/> HepB
	Rotavirus			<input type="radio"/> RV	<input type="radio"/> RV	<input type="radio"/> RV
	Diphtheria, Tetanus, Pertussis			<input type="radio"/> DTaP	<input type="radio"/> DTaP	<input type="radio"/> DTaP
	Haemophilus influenzae type b			<input type="radio"/> Hib	<input type="radio"/> Hib	<input type="radio"/> Hib
	Pneumococcal			<input type="radio"/> PCV	<input type="radio"/> PCV	<input type="radio"/> PCV
	Inactivated Poliovirus			<input type="radio"/> IPV	<input type="radio"/> IPV	<input type="radio"/> IPV
	Influenza (Flu)					<input type="radio"/> Influenza first dose <sup>2</sup> <input type="radio"/> Influenza second dose
Milestones*	<p>Milestones should be achieved by the age indicated.</p> <p>Talk to your child's doctor about age-appropriate milestones if your child was born prematurely.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recognizes caregiver's voice</li> <li><input type="checkbox"/> Turns head toward breast or bottle</li> <li><input type="checkbox"/> Communicates through body language, fussing or crying</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Starts to smile</li> <li><input type="checkbox"/> Raises head when on tummy</li> <li><input type="checkbox"/> Calms down when rocked, cradled or sung to</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Begins to smile at people</li> <li><input type="checkbox"/> Coos, makes gurgling sounds</li> <li><input type="checkbox"/> Begins to follow things with eyes</li> <li><input type="checkbox"/> Can hold head up</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Babbles with expression</li> <li><input type="checkbox"/> Tries to play with people</li> <li><input type="checkbox"/> Reaches for toy with one hand</li> <li><input type="checkbox"/> Brings hands to mouth</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Knows familiar faces</li> <li><input type="checkbox"/> Responds to own name</li> <li><input type="checkbox"/> Brings things to mouth</li> <li><input type="checkbox"/> Rolls over in both directions</li> </ul>	
Growth	<p>At each well-child visit, enter all information to keep track of your child's progress.</p> <p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	

Shaded boxes indicate the vaccine can be given during shown age range.

		12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Recommended Immunizations	Hepatitis B	<input type="radio"/> HepB (Final dose administered between 6 and 18 months)					
	Diphtheria, Tetanus, Pertussis		<input type="radio"/> DTaP				<input type="radio"/> DTaP
	Haemophilus influenzae type b	<input type="radio"/> Hib					
	Pneumococcal	<input type="radio"/> PCV					
	Inactivated Poliovirus	<input type="radio"/> IPV					<input type="radio"/> IPV
	Influenza (Flu)	<input type="radio"/> Influenza first dose <sup>2</sup> <input type="radio"/> Influenza second dose (if needed)				Age 2 3 <input type="radio"/> first dose <sup>2</sup> <input type="radio"/> second dose (if needed)	Age 4 5 6 <input type="radio"/> first dose <sup>2</sup> <input type="radio"/> second dose (if needed)
	Measles, Mumps, Rubella	<input type="radio"/> MMR					<input type="radio"/> MMR
	Varicella	<input type="radio"/> Varicella					<input type="radio"/> Varicella
	Hepatitis A	<input type="radio"/> Hep A <sup>3</sup>					
Milestones*	<p>Milestones should be achieved by the age indicated.</p> <p>Talk to your child's doctor about age-appropriate milestones if your child was born prematurely.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cries when mom or dad leaves</li> <li><input type="checkbox"/> Says "mama" and "dada"</li> <li><input type="checkbox"/> Copies gestures Example: Waves bye bye</li> <li><input type="checkbox"/> May stand alone</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Imitates what you are doing</li> <li><input type="checkbox"/> Drinks from a cup</li> <li><input type="checkbox"/> Scribbles on his own</li> <li><input type="checkbox"/> Walks well</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Points to show others something interesting</li> <li><input type="checkbox"/> Says several single words</li> <li><input type="checkbox"/> Points to one body part</li> <li><input type="checkbox"/> May walk up steps and run</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Plays mainly beside other children</li> <li><input type="checkbox"/> Follows two-step commands</li> <li><input type="checkbox"/> Plays simple make-believe games</li> <li><input type="checkbox"/> Throws ball overhand</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Can name most familiar things</li> <li><input type="checkbox"/> Shows affection for friends without prompting</li> <li><input type="checkbox"/> Turns book pages one at a time</li> <li><input type="checkbox"/> Kicks a ball</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Speaks very clearly</li> <li><input type="checkbox"/> Tells stories</li> <li><input type="checkbox"/> Can print some letters or numbers</li> <li><input type="checkbox"/> Hops; may be able to skip</li> </ul>	
Growth	<p>At each well-child visit, enter all information to keep track of your child's progress.</p> <p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT _____</p> <p>HEIGHT _____</p> <p>BMI _____</p>	<p>WEIGHT _____</p> <p>HEIGHT _____</p> <p>BMI _____</p>	

Source: cdc.gov/vaccines

VISIT DATE VISIT DATE VISIT DATE VISIT DATE VISIT DATE VISIT DATE

If your child has any medical conditions that put him at risk for infections or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.  
<sup>1</sup>The second dose of HepB may be given either at the 1 month or 2 month visit.  
<sup>2</sup>Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.  
<sup>3</sup>Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA.