






# Child and Adolescent Recommended Immunization Schedule\*

VACCINE	MONTHS							YEARS					
	Birth	2	4	6	12	15	18	4-6	7-10	11-12	13-18		
HepB	★	★		★					★	★	★		
DTaP		★	★	★		★		★	★ Tdap	★ Tdap	★ Tdap		
IPV		★	★	★				★	★	★	★		
Hib		★	★	★	★								
PCV		★	★	★	★								
Rotavirus		★	★	★									
Influenza				★ Seasonal, one dose yearly									
MMR	  410 N. 44th St. Suite 900 Phoenix, AZ 85008 800-322-8670   HealthChoiceAZ.com				★			★	★	★	★		
Varicella					★			★	★	★	★		
HepA					★ 2 doses					★	★	★	
MCV4										★	★	★	★
HPV												★	★

 Vaccine can be given during shown age range.

 Vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 Vaccine should be given if a child is catching-up on missed vaccine.

\*This is a general schedule based on recommendations from the Centers for Disease Control (CDC). Children who miss shots normally given at a certain age and children in certain high-risk groups may receive additional shots, or may receive shots at different times than shown on this schedule. Parents should consult with their child's doctor to determine the correct schedule and series of shots for their child. Contract services are funded in part under contract with the state of Arizona. HCA-EP12-11.1 (AHCCCS Approved 2/3/16) (Revised 2/23/16)