

# FIRST YEAR EXAM AND IMMUNIZATION SCHEDULE

EXAMINATIONS	NEWBORN	2 WEEKS	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS
Physical examination	•	•	•	•	•	•	•
Weight, length & head circumference	•	•	•	•	•	•	•
Hearing	•						
Development/behavior assessment		•	•	•	•	•	•
Blood tests*							•

IMMUNIZATIONS	NEWBORN	2 WEEKS	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS
Hepatitis B (HBV)	•			•	**	•	
Rotavirus (oral)				•	•	•	
Hemophilus Influenza Type B (HIB)				•	•		
Pneumococcal Conjugate Vaccine (PCV13)				•	•	•	
Diphtheria, Tetanus, Pertussis (DTaP)				•	•	•	
Inactivated Polio Virus (IPV)				•	•	•	
Influenza†						•	•

ORAL HEALTH	NEWBORN	2 WEEKS	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS
Oral health check		•	•	•	•	•	•
Fluoride varnish‡						•	•

\*Blood tests are done at 9 or 12 month checkup.

\*\*Hepatitis B: Given at 4 months if not at birth.

†Influenza: Given starting at 6 months if influenza season.

‡Fluoride varnish: Available at tooth eruption.

## ADDITIONAL RESOURCES

Children's has a broad range of education materials as an information resource for parents. In addition to what to expect at each well child visit, developmental milestones and speech and language development, there is a wealth of information on everything from breastfeeding and medication charts to medical conditions and first aid. Go to [childrensMN.org/educationmaterials](http://childrensMN.org/educationmaterials) for a complete listing.

