



RECOMMENDED VACCINE SCHEDULE

AGE:		2mo	4mo	6mo	12mo	15mo	18mo	4-5 YR	9YR	11-12 YR	14YR	16-18 YR
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DTAP	*	X	X	X			X	X				
POLIO	*	X	X	X				X				
HEP B	*	X	X	X								
ROTAVIRUS		X	X	X								
HIB (ACTHib)	*	X	X	X		X						
MMR	*				X			X				
VARICELLA	*				X			X				
PNEUMO13	*	X	X	X		X						
HEP A					X		X					
HPV <sup>1</sup>										X	X	
TDAP										X		
MENINGO (Menveo)										X		X

       - Range of CDC recommended dosing schedule

\*Required for Montana Child Care attendance. Number of doses may vary depending on child's age at entrance into child care. Consult Montana DPHHS vaccine requirements page (available upon request) for more details.

<sup>1</sup> IF 1<sup>st</sup> HPV dose is given after age 15, a 3 dose series is required.

Combo vaccines available through our clinic include the following:

**Pediarix-** DTAP+Polio+Hep B

**Kinrix-** DTAP+Polio

**Proquad-** MMR+Varicella (available for 2<sup>nd</sup> dose of both MMR and Varicella)

*This is our clinic's recommended vaccine schedule based on best practice through the CDC. If you plan to do an alternative schedule, please inform your provider so the schedule can be discussed and confirmed.*

*Updated 6/2018*