

Recommended vaccines for children: Birth to 6 years

The chart below shows you when your child should receive their vaccines. Check the boxes to help you keep track.

Child name: _____ Date of birth: _____

Vaccine	birth	months								years		
		1	2	4	6	12	15	18	24	4	5	6
Chickenpox (varicella)						<input type="checkbox"/> 1st				<input type="checkbox"/> 2nd		
DTaP (diphtheria)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd		<input type="checkbox"/> 4th			<input type="checkbox"/> 5th		
Hib (H.flu bacteria)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th						
Hepatitis A						<input type="checkbox"/> 1st and <input type="checkbox"/> 2nd (at least 6 months apart)						
Hepatitis B	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd			<input type="checkbox"/> 3rd							
Flu (influenza)					<input type="checkbox"/> yearly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR (measles, mumps, rubella)						<input type="checkbox"/> 1st				<input type="checkbox"/> 2nd		
Pneumococcal (PCV)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th						
Polio (IPV)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd				<input type="checkbox"/> 4th			
Rotavirus (RV)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd							

You can get this information in different languages, large print, electronic format, oral presentation (face-to-face or on the phone), or braille. Call Customer Service toll-free at 855-722-8206, TTY 711.