

Recommended vaccines for adolescents: 7-18 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	7-8 years	9-10 years	11-12 years	13-15 years	16-18 years
Flu (influenza)	<input type="checkbox"/> yearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV (human papillomavirus)			<input type="checkbox"/> <input type="checkbox"/> 2 doses		
Meningococcal MenACWY			<input type="checkbox"/> 1 dose		<input type="checkbox"/> booster
Meningococcal MenB					
Pneumococcal					
Tdap (tetanus, diphtheria, pertussis)			<input type="checkbox"/> 1 dose		
Hepatitis A					
Hepatitis B					
MMR (measles, mumps, rubella)					
Polio					
Chickenpox (varicella)					

Recommended at age requirement
 Recommended for high-risk adolescents
 Catch up on missed

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 855-722-8208, TTY 711.