

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 800-224-4840, TTY 711.