

# 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
<b>Chickenpox</b> (varicella)						<input type="checkbox"/> 1st				<input type="checkbox"/> 2nd		
<b>DTaP</b> (diphtheria)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd		<input type="checkbox"/> 4th			<input type="checkbox"/> 5th		
<b>Hib</b> (H.flu bacteria)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th						
<b>Hepatitis A</b>						<input type="checkbox"/> 1st and <input type="checkbox"/> 2nd (at least 6 months apart)						
<b>Hepatitis B</b>	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd			<input type="checkbox"/> 3rd							
<b>Flu</b> (influenza)					<input type="checkbox"/> yearly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MMR</b> (measles, mumps, rubella)						<input type="checkbox"/> 1st				<input type="checkbox"/> 2nd		
<b>Pneumococcal</b> (PCV)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th						
<b>Polio</b> (IPV)			<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd				<input type="checkbox"/> 4th			
<b>Rotavirus</b> (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 800-224-4840, TTY 711.