

# SHARP Health Plan

Children (birth to 10 years)<sup>1</sup>

## Preventive Care Checklist

Discuss your checklist with your doctor to develop your own personalized preventive care plan. Your doctor will help you determine which tests and health screenings are best for you based on your age, gender, health status and family history.

Well Child Exams and Vaccines <sup>2</sup>		
COVID-19*	6 months and older	<input type="checkbox"/>
Exam and Hepatitis B	Birth – 10 years	<input type="checkbox"/>
Exam	1 month	<input type="checkbox"/>
Exam, Pentacel, Prevnar, Hepatitis B and Rotavirus	2 months	<input type="checkbox"/>
Exam, Pentacel, Prevnar and Rotavirus	4 months	<input type="checkbox"/>
Exam, Pentacel, Prevnar, Hepatitis B, Flu Shot and Rotavirus	6 months	<input type="checkbox"/>
Exam	9 months	<input type="checkbox"/>
Exam, Anemia Test, Possible TB and Lead Tests, MMR, Varicella and Hepatitis A	12 months	<input type="checkbox"/>
Exam, Pentacel and Prevnar	15 months	<input type="checkbox"/>
Exam, Flu Shot and Hepatitis A	18 months	<input type="checkbox"/>
Exam	24 months	<input type="checkbox"/>
Exam and Flu Shot	3 years	<input type="checkbox"/>
Exam, Flu Shot, DTaP, Polio, MMR and Varicella	4 years	<input type="checkbox"/>
Exam and Flu Shot	5 years	<input type="checkbox"/>
Exam and Flu Shot	6 – 10 years (every 1 – 2 years)	<input type="checkbox"/>
Screenings		
Body Mass Index (BMI)	2 years and older	<input type="checkbox"/>
Dental Caries	Birth – 5 years	<input type="checkbox"/>
Hepatitis B	Birth – 10 years	<input type="checkbox"/>
Obesity	6 years and older	<input type="checkbox"/>
Skin Cancer Behavioral Counseling	6 months – 10 years (with fair skin)	<input type="checkbox"/>
Vision	3 – 5 years (at least once)	<input type="checkbox"/>

Key: DTaP (Diphtheria, Tetanus, Pertussis), Hib (Haemophilus Influenzae Type b), MMR (Measles, Mumps and Rubella), Pentacel (DTaP, Polio, Hib), Prevnar (Pneumococcal Conjugate), TB (Tuberculosis), Varicella (Chickenpox)

### What's required for school admission?

Vaccines required for elementary school admission include DTaP, Tdap (adolescents), hepatitis B, Hib, MMR, varicella and polio. Other vaccines are not required but are strongly recommended.

\* Some COVID-19 vaccines are authorized under EUA (emergency use authorization). <sup>1</sup>The information in these checklists includes recommendations adapted from the following sources as of January 2023 and is subject to change: Preventive services with a rating of A or B from the U.S. Preventive Services Task Force; immunization for children, adolescents and adults recommended by the Centers for Disease Control and Prevention; and preventive care screenings for infants, children, adolescents and women supported by the Health Resources and Services Administration. <sup>2</sup> Timing of vaccines may vary based on PCP's recommendation. <sup>3</sup> Catch-up doses can be given after age 12 throughout adolescence. <sup>4</sup> Based on risk factors, and as advised by your doctor. <sup>5</sup> Counseling for all sexually active adolescents recommended.