

WELL-CARE EXAM AND VACCINATION SCHEDULE

Teens and Young Adults 11-20 Years of Age

Place this schedule in an easily seen spot for a quick reference.

AGE	EXAM	SCREENING TESTS	VACCINES (see table below)
11 years	Yes		Yes
12 years	Yes	Vision	For ages 12-20, possibly yes , if either. <ul style="list-style-type: none"> ➤ you are behind on any childhood immunizations <li style="text-align: center;">or ➤ you enter a new risk group.
13 years	Yes		
14 years	Yes		
15 years	Yes	Vision	
16 years	Yes		
17 years	Yes		
18 years	Yes	Vision and Cholesterol	
19 years	Yes		
20 years	Yes		

Michigan Department of Community Health Recommended Adolescent Immunizations	11 Years	12-20 Years
Diphtheria, tetanus, and pertussis (Tdap)	✓	**
Human papillomavirus (HPV)	✓ (3 doses)	**
Meningococcal (MCV4)	✓	**
Measles, mumps, and rubella (MMR)	**	**
Hepatitis B (HepB)	**	**
Polio (IPV)	**	**
Varicella or chicken pox (if no past history of disease)	**	**

** May need if the series is not previously completed.

Recommended immunization schedules for persons aged 0-18 years are approved by the Advisory Committee on Immunization Practices of the U.S. Centers for Disease Control and Prevention (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).