

WELL-CARE EXAM AND VACCINATION SCHEDULE

Children 3-10 Years of Age

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

AGE	EXAM	SCREENING TESTS	VACCINES (see table below)
3 years	Yes	Vision and Dental	Yes
4 years	Yes	Vision and Hearing	Yes
5 years	Yes	Vision and Hearing	<p>For ages 5-10 years, possibly <i>yes</i>, if <i>either</i>:</p> <ul style="list-style-type: none"> ➤ you are behind on any childhood immunizations <li style="text-align: center;"><i>or</i> ➤ you enter a new risk group.
6 years	Yes	Vision, Hearing, and Dental	
7 years	Yes		
8 years	Yes	Vision and Hearing	
9 years	Yes		
10 years	Yes	Vision and Hearing	

Michigan Department of Community Health Recommended Childhood Immunizations	3 Years	4 Years	5 Years	6 Years
Diphtheria, tetanus, and pertussis (DTaP)		✓		
Polio (IPV)		✓		
Measles, mumps, and rubella (MMR)		✓		
Influenza (yearly)	✓	✓		
Varicella or chicken pox (if no past history of disease)		✓		

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).