Routine Pediatric Vaccination Checklist

Patient Info

Patient Name:	
Date of Birth:	
MRN / ID:	
Provider:	
Date of Visit:	

Vaccinations

Vaccine	Due Date / Age	Status	Initials
Hepatitis B (HepB)	Birth, 1-2 mos, 6-18 mos	☐	
Rotavirus (RV)	2, 4, 6 mos	☐	
Diphtheria, Tetanus, Pertussis (DTaP)	2, 4, 6, 15-18 mos, 4-6 yrs	☐	
Haemophilus influenzae type b (Hib)	2, 4, 6, 12-15 mos	☐	
Pneumococcal (PCV13)	2, 4, 6, 12-15 mos	☐	
Polio (IPV)	2, 4, 6-18 mos, 4-6 yrs	☐	
Influenza (Flu)	Annually (from 6 mos)	☐	
Measles, Mumps, Rubella (MMR)	12-15 mos, 4-6 yrs	☐	
Varicella (VAR)	12-15 mos, 4-6 yrs	☐	
Hepatitis A (HepA)	12-23 mos (2 doses, 6 mos apart)	☐	
Meningococcal (MenACWY)	11-12 yrs, 16 yrs	☐	
Human Papillomavirus (HPV)	11-12 yrs (2-3 doses)	☐	
COVID-19*	As recommended	☐	

*Refer to most recent guidelines for COVID-19 and additional vaccines as indicated.