

Vaccination Schedule 2020

Ask your Beacon Medical Group office for a MyBeacon patient portal invitation for your child to keep track of yearly vaccinations.

Age	Date Completed
Newborn	
<input type="checkbox"/> Hepatitis B	

2 Months	
<input type="checkbox"/> Pentacel® (diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b)	
<input type="checkbox"/> RotaTeq® (rotavirus gastroenteritis)	
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal vaccine	

4 Months	
<input type="checkbox"/> Pentacel®	
<input type="checkbox"/> RotaTeq®	
<input type="checkbox"/> Pneumococcal vaccine	

6 Months	
<input type="checkbox"/> Pentacel	
<input type="checkbox"/> RotaTeq®	
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal vaccine	
<input type="checkbox"/> Flu	

9 Months	
<input type="checkbox"/> Flu (if not given previously)	

12 Months	
<input type="checkbox"/> Measles, mumps and rubella (MMR)	
<input type="checkbox"/> Varicella	
<input type="checkbox"/> Flu (if not given previously)	

15 Months	
<input type="checkbox"/> Pentacel®	
<input type="checkbox"/> Hepatitis A	
<input type="checkbox"/> Pneumococcal vaccine	
<input type="checkbox"/> Measles, mumps and rubella (MMR), if not done at 12 months	
<input type="checkbox"/> Flu (if not given previously)	

18 Months	
<input type="checkbox"/> Flu (if not given previously)	

Age	Date Completed
24 Months	
<input type="checkbox"/> Hepatitis A	
<input type="checkbox"/> Flu	

30 Months	
<input type="checkbox"/> Flu	

Three Years	
<input type="checkbox"/> Flu	

Four Years	
<input type="checkbox"/> ProQuad® (measles, mumps, rubella and varicella)	
<input type="checkbox"/> Quadracel® (diphtheria, tetanus, pertussis, poliomyelitis)	
<input type="checkbox"/> Flu	

Five Years	
<input type="checkbox"/> ProQuad® (if not done at 4 years)	
<input type="checkbox"/> Quadracel® (if not done at 4 years)	
<input type="checkbox"/> Flu	

Six Years	
<input type="checkbox"/> ProQuad® (if not done at 4-5 years)	
<input type="checkbox"/> Quadracel® (if not done at 4-5 years)	
<input type="checkbox"/> Flu	

Ages 7-10	
<input type="checkbox"/> Flu (each year)	

Age 11	
<input type="checkbox"/> Menactra® (meningococcal disease)	
<input type="checkbox"/> Adacel® (tetanus, diphtheria, pertussis) booster prior to 6 th grade	
<input type="checkbox"/> Gardasil 9®* (human papillomavirus), 2 doses 6 months apart before age 15	
<input type="checkbox"/> Flu	

Age	Date Completed
Ages 12-14	
<input type="checkbox"/> Gardasil 9®* (if not done at age 11)	
<input type="checkbox"/> Flu	

Age 15	
<input type="checkbox"/> Gardasil 9®* (if not done at age 11)	
<input type="checkbox"/> Flu	

Age 16	
<input type="checkbox"/> Menactra®	
<input type="checkbox"/> Trumenba®* (meningitis B), age 16-18, 2 doses 6 months apart	
OR	
<input type="checkbox"/> Bexsero® (meningitis B) 2 doses one month apart	
<input type="checkbox"/> Gardasil 9®* (if not done at age 11), 3 doses if after age 15	
<input type="checkbox"/> Flu	

Age 17	
<input type="checkbox"/> Gardasil 9®* (if not done at age 11), 3 doses if after age 15	
<input type="checkbox"/> Trumenba®* (age 16-18, 2 doses 6 months apart)	
<input type="checkbox"/> Flu	

Ages 18-21	
<input type="checkbox"/> Gardasil 9®* (if not done at age 11), 3 doses if after age 15	
<input type="checkbox"/> Trumenba®* if not done at age 16	
<input type="checkbox"/> Flu	

Age 21	
Ask your doctor for an adult vaccination schedule.	
<input type="checkbox"/> Flu	

*Gardasil and Trumenba are recommended, not required; parental consent required.