|  |  |  |  |
| --- | --- | --- | --- |
| **AGE** | **RPA Regular Schedule for Immunizations/Labs** | **RPA Alternate Schedule for Immunizations/Labs** | **Procedure Schedule** |
| **Newborn** | **Hepatitis B #1****(if not given at birth)** |  |  |
| **2 Week** |  |  |  |
| **1 Month** | **Hepatitis B #2** |  | **Edinburgh Postnatal Depression Scale, TB Assessment** |
| **2 Months** | **Prevnar #1, Rotateq #1, Dtap #1, ActHib #1, IPV #1** | **Prevnar #1, Rotateq #1, Dtap #1** | **ASQ-3** |
| **3 Months** |  | **ActHib #1, IPV #1** |  |
| **4 Months** | **Prevnar #2, Rotateq #2, Dtap #2, ActHib #2, IPV #2** | **Prevnar #2, Rotateq #2, Dtap #2** | **ASQ-3** |
| **5 Months** |  | **ActHib #2, IPV #2** |  |
| **6 Months** | **Prevnar #3, Rotateq #3, Dtap #3, ActHib #3, IPV #3** | **Prevnar #3, Rotateq #3, Dtap #3** | **ASQ-3, I Screen, OAE, Lead & TB Assessment** |
| **7 Months** |  | **ActHib #3, IPV #3** |  |
| **9 Months** | **Hepatitis B #3** |  | **ASQ-3, Lead Assessment & Screening, Hgb** |
| **12 Months** | **Prevnar #4, ActHib #4, MMR #1, Varivax #1** | **Prevnar #4, ActHib #4** | **ASQ-3, I Screen, OAE, Lead & TB Assessment** |
| **13 Months** |  | **MMR #1, Varivax #1** |  |
| **15 Months** | **Hepatitis A #1** |  | **ASQ-3** |
| **18 Months** | **Dtap #4** |  | **ASQ-3, MCHAT, Lead Assessment & Screening, Hgb** |
| **24 Months** | **Hepatitis A #2** |  | **ASQ-3, MCHAT, I Screen, OAE, Lead & TB Assessment** |
| **30 Months** |  |  | **ASQ-3** |
| **3 Year** |  |  | **ASQ-3, I Screen, OAE, Lead & TB Assessment** |
| **4 Year** | **Dtap #5, IPV #4, MMR #2, Varivax #2** |  | **Urine, ASQ-3, PSC-17, I Screen, OAE, Lead & TB Assessment** |
| **5 Year** | **(Blue Form)** |  | **ASQ-3, PSC-17, I Screen, Hearing, Lead & TB Assessment, Hgb, Urine** |
| **6 Year** |  |  | **PSC-17, Vision, Hearing, Lead & TB Assessment** |
| **7 Year** |  |  | **PSC-17, TB Assessment** |
| **8 Year** |  |  | **PSC-17, Vision, Hearing, TB Assessment** |
| **9 Year** |  |  | **PSC-17, OAE, TB Assessment** |
| **10 Year** |  |  | **PSC-17, Vision, Hearing, TB Assessment, Cholesterol, Hgb** |
| **11 Year** | **Tdap, Menactra, Gardasil (Blue Form)** |  | **PSC-17, OAE, TB Assessment, Urine, Hgb** |
| **12 Year** |  |  | **PSC-17, Vision, OAE, TB Assessment** |
| **13 Year** |  |  | **PHQ-9 and CRAFFT, OAE, TB Assessment** |
| **14 Year** | **(Blue Form)** |  | **PHQ-9 and CRAFFT, OAE, TB Assessment, Cholesterol, Urine, Hgb** |
| **15 Year** | **(Redding Blue Form)** |  | **PHQ-9 and CRAFFT, Vision, OAE, TB Assessment** |
| **16 Year** | **Menactra #2** |  | **PHQ-9 and CRAFFT, OAE, TB Assessment** |
| **17 Year** |  |  | **PHQ-9 and CRAFFT, OAE, TB Assessment** |
| **18 Year** | **Td/Tdap,*****Lab Order before Visit*** |  | **PHQ-9 and CRAFFT, OAE, TB Assessment, Urine** |
| **19 Year** | **Td at Provider’s discretion** |  | **PHQ-9 and CRAFFT, TB Assessment** |
| **New Patients** |  |  | **Vision, Hearing, HGB & Urine** |