



Arlington Pediatrics, Ltd.

3325 N. Arlington Heights Road Suite 100A
 Arlington Heights, Illinois 60004
 Phone: 847-398-0400

APL Routine Appointment/Immunization Schedule

Our routine appointment/immunization schedule is based on the recommendations of both the American Academy of Pediatrics and the Center for Disease Control. We encourage our families to use this guide in planning their visits

Age at Visit	Immunization(s)	Comments
Newborn	HepB	<i>In the hospital</i>
1-2 days after discharge	HepB	<i>If not given in hospital</i>
2 weeks	None	
1 month	HepB	<i>28 days or more after 1st dose</i>
2 months*	Pentacel, PCV, Rota	
4 months*	Pentacel, PCV, Rota	
6 months*	Pentacel, PCV, Rota, HepB	
9 months	HepB	<i>If not given at 6 month visit</i>
12 months	MMR, Varivax, HepA, PCV	<i>Must be after 1st birthday</i>
15 months	DTaP, HIB	
18 months	HepA	
2 years	HepA	<i>If not given at 18 month visit</i>
30 months	None	
3 years	None	
4-6 years	Quadracel, MMR, Varivax	<i>Must be after 4th birthday</i>
7-10 years	None	
11 years	Tdap, Meningococcal, HPV	<i>Must be after 11th birthday</i>
12-18 years	HPV**	
16 years	Meningococcal	<i>Must be after 16th birthday</i>
17-18 years	Meningococcal B	

*Pentacel is a combination of DTaP, HIB, and IPV

**HPV: Patient needs 2 doses if started before 15 years of age, 3 doses if started after 15 years of age

Influenza and COVID-19 vaccines recommended to patients 6 months and older as appropriate

DTaP = Diphtheria/Tetanus/acellular Pertussis

MMR = Measles/Mumps/Rubella

HepA = Hepatitis A

PCV = Pneumococcal conjugate vaccine

HepB = Hepatitis B

Quadracel = DTaP/IPV

HIB = Hemophilus influenza b

Rota = Rotavirus

HPV = Human Papilloma virus

Tdap = Tetanus/Diphtheria/acellular Pertussis

IPV = Inactivated Poliovirus vaccine

Varivax = Varicella