

RECOMMENDED IMMUNIZATION SCHEDULE

AT AGE:	VACCINES:
2 Months	DTP, HIB, OPV, and Hep B
4 Months (or 2 months after last DTP and OPV)	DTP, HIB, OPV and Hep B
6 Months (or 2 months after last DTP and OPV)	DTP, HIB, and Hep B
12 Months (or any age thereafter if appropriate)	TB Skin Test-if recommended by doctor or employer
15 Months	MMR, HIB, DtaP, and OPV
4 to 6 years (before school entry)	DTaP, MMR and OPV
14-16 years	Td (Tetanus-Diphtheria adult type)
Thereafter	Td boosters should be obtained every 10 years or following a dirty or puncture type wound if a booster has not been received within the last 5 years.

- DTP means Diphtheria, Tetanus and Pertussis (Whooping Cough)
- HIB means Hemophilus Influenza B
- OPV means Oral Polio Vaccine
- Hep B means Hepatitis B
- MMR means Measles, Mumps and Rubella
- DTaP means Diphtheria, Tetanus and Accellular Pertussis

This schedule may vary if immunizations were begun after age 2 months or if not given in a timely manner.

If you have any questions, please call your local health department.