

Preventive Visits, Immunizations, and Developmental Milestones for Your Child from Birth Through 15 Months

Show this chart to your primary care provider (PCP). Ask him or her any questions you have about these guidelines. Our guidelines are for people who do not have symptoms of disease or illness. People who do show symptoms of disease or illness fall outside these guidelines. Such people should be treated by their providers as needed. All or some of these services may be covered by True Health New Mexico, depending on your policy. These guidelines are not a guarantee of True Health New Mexico coverage.

Child's Name: _____

Birth Date: _____

		2-5 Days	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months
Recommended Preventive Visits		<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit
Recommended Immunizations	Hepatitis B (HepB)	<input type="checkbox"/> HepB , 1st dose	<input type="checkbox"/> HepB , 2nd dose			<input type="checkbox"/> HepB (final dose administered between 6-18 months)		
	Rotavirus (RV)			<input type="checkbox"/> RV , 1st dose	<input type="checkbox"/> RV , 2nd dose	<input type="checkbox"/> RV , 3rd dose		
	Diphtheria, Tetanus, Pertussis (DTap)			<input type="checkbox"/> DTap , 1st dose	<input type="checkbox"/> DTap , 2nd dose	<input type="checkbox"/> DTap , 3rd dose		<input type="checkbox"/> DTap , 4th dose
	<i>Haemophilus influenzae</i> type b (HiB)			<input type="checkbox"/> HiB , 1st dose	<input type="checkbox"/> HiB , 2nd dose	<input type="checkbox"/> HiB , 3rd dose	<input type="checkbox"/> HiB , 4th dose	
	Pneumococcal (PCV)			<input type="checkbox"/> PCV , 1st dose	<input type="checkbox"/> PCV , 2nd dose	<input type="checkbox"/> PCV , 3rd dose	<input type="checkbox"/> PCV , 4th dose	
	Inactivated Poliovirus (IPV)			<input type="checkbox"/> IPV , 1st dose	<input type="checkbox"/> IPV , 2nd dose	<input type="checkbox"/> IPV , 3rd dose		
	Influenza (Flu) ¹					<input type="checkbox"/> Influenza , 1 or 2 doses		
	Measles, Mumps, Rubella (MMR)						<input type="checkbox"/> MMR , 1st dose	
	Varicella						<input type="checkbox"/> Varicella , 1st dose	
	Hepatitis A (HepA)						<input type="checkbox"/> HepA , 1st dose	
Meningococcal								
Milestones	Milestones should be achieved by the end of the age indicated.	Recognizes caregiver's voice	Starts to smile	Begins to smile at people	Babbles with expression	Knows familiar faces	Cries when mom or dad leaves	Imitates what you are doing
	Talk to your child's doctor about age-appropriate milestones if your child was born prematurely.	Turns head toward breast or bottle Communicates through body language	Raises head when on tummy Calms down when rocked, cradled, or sung to	Coos, makes gurgling sounds Begins to follow things with eyes Can hold head up	Likes to play with people Reaches for toy with one hand Brings hands to mouth	Responds to own name Brings things to mouth Rolls over in both directions	Says "mama" and "dada" Copies gestures (for example, waves "bye") May stand alone	Drinks from a cup Scribbles on his own Walks well

Recommended age for all children
 Not recommended
 Special circumstances; check with your provider²
 Can be given for catch-up immunization

Sources: Adapted from Centers for Disease Control and Prevention (CDC); Milestones adapted from Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.
- If your child has any medical conditions that put him or her at risk for infections or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.