



IPHC Immunization Plan Summary for 2 to 7 year olds who have not been immunized

_____ I/We have not immunized our child. We are now interested in starting immunizations and are wanting a plan to be started.

Place an "x" if child will receive immunization	Immunizations	CDC recommendations ages 2-7	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Hepatitis B (3 doses)	#1 #2 (4-8 wks apart), #3 2 mo later					
	DTaP (5 doses)	#1, #2 in 4-6 wks, #3 in 4-6 wks, #4 in 6mo, #5 in 6 mo					
	Haemophilus Influenzae Type B "HiB" (1 dose >15 months of age)						
	Pneumococcal "PCV" (1 dose >15 months of age)						
	Inactivated Polio Virus (4 doses prior to age 4; after age 4, 1 dose)	1 st 3 doses 4-6 weeks apart, 4 th dose after 6 mo					
	MMR (2 doses)	1 st dose prior to age 4 then second dose at 4 to 5 yrs					
	Varicella "chickenpox" (2 doses)	1 st dose prior to age 4 then 2 nd dose at 4 to 5 yrs					
	Hepatitis A (2 doses)	#1, then #2 in 6 mo					

IPHC Uses combination vaccines whenever possible to minimize the number of injections. You may request available brands or individual injections if desired. Combinations we in this age group are Pediarix (Hep B, IPV, & DTaP, available for age 2 to 4 yrs), Proquad (MMR-varicella), Kinrix (DtaP-Polio for child 4 to 6 yrs). **If you would like to use combination formulations please place type along with an "x" in the appropriate box.**

I/We have been provided an opportunity to discuss risk and benefit of vaccines and am making an informed choice. I have reviewed this plan and understand it is my responsibility to notify my provider in writing if any changes are made to this plan.

Parent/Guardian Signature: _____ Parent/Guardian Name: _____ Date: _____

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