

SHARP Health Plan

Children (birth to 10 years)¹

Preventive Care Checklist

Discuss your checklist with your doctor to develop your own personalized preventive care plan. Your doctor will help you determine which tests and health screenings are best for you based on your age, gender, health status and family history.

Well Child Exams and Vaccines ²		
COVID-19 (Series and Booster) ¹¹	6 months and older	<input type="radio"/>
Exam and Hepatitis B	Birth – first outpatient visit	<input type="radio"/>
Exam	1 month	<input type="radio"/>
RSV (RSV-mAB (Nirsevimab))	Infants younger than 9 months ²	<input type="radio"/>
Exam, DTaP-Hib (3 or 4 doses)-IPV, PCV-15 or 20 (4 doses), Hepatitis B (1 – 2 mos), Rotavirus (2 – 3 doses)	2 months	<input type="radio"/>
Exam, DTaP-Hib-IPV, PCV-15 or 20, Rotavirus	4 months	<input type="radio"/>
Exam, DTaP-Hib-IPV (6 – 18 mos), PCV-15 or 20, Hepatitis B (6 – 18 mos), Flu Shot, Rotavirus	6 months	<input type="radio"/>
Exam	9 months	<input type="radio"/>
Exam, Anemia Test, Possible TB and Lead Tests,MMR (12 – 18 mos), Varicella (12 – 15 mos), Hepatitis A	12 months	<input type="radio"/>
Exam, DTaP (15 – 18 mos)-Hib (12 – 15 mos), PCV-15 or 20 (12 – 15 mos)	15 months	<input type="radio"/>
Exam, Flu Shot, Hepatitis A (12 – 23 mos, 2 doses) ³	18 months	<input type="radio"/>
Exam and Hepatitis A ³	24 months	<input type="radio"/>
Exam and Flu Shot	3 years	<input type="radio"/>
Exam, Flu Shot, DTaP (4 – 6y), Polio (4 – 6y), MMR (4 – 6y) and Varicella (4 – 6y)	4 years	<input type="radio"/>
Exam and Flu Shot	5 years	<input type="radio"/>
Exam and Flu Shot (exams every 1 – 2 years, flu shot annually)	6 – 10 years	<input type="radio"/>
PCV-15 or 20 with any risk condition who have not received PCV-13, 15 or 20	6 – 18 years	<input type="radio"/>
Human Papillomavirus (HPV) ⁴	9 – 12 years	<input type="radio"/>
Tdap	11 – 12 years	<input type="radio"/>
Screenings		
Behavioral Health and Wellness Screening (e.g. Anxiety, Depression, Suicide Risk)	8 – 10 years ¹⁰	<input type="radio"/>
Body Mass Index (BMI)	2 years and older	<input type="radio"/>
Dental Caries	Birth – 5 years	<input type="radio"/>
Hepatitis B	Birth – 10 years	<input type="radio"/>
Obesity	6 years and older	<input type="radio"/>
Skin Cancer Behavioral Counseling	6 months – 10 years (with fair skin)	<input type="radio"/>
Vision	3 – 5 years (at least once)	<input type="radio"/>

Key: DTaP (Diphtheria, Tetanus, Pertussis), Hib (Haemophilus influenzae Type B), MMR (Measles, Mumps, Rubella), Pentacel (DTaP, Polio, Hib), Pnevnr (Pneumococcal Conjugate), TB (Tuberculosis), Varicella (Chickenpox)

¹The information in these checklists includes recommendations adapted from the following sources as of April 2025 and is subject to change: Preventive services with a rating of A or B from the U.S. Preventive Services Task Force; immunization for children, adolescents and adults recommended by the Centers for Disease Control and Prevention; and preventive care screenings for infants, children, adolescents and women supported by the Health Resources and Services Administration. Also check the age-related preventive health checklist. Other immunizations may be recommended by your provider depending on vaccine and indication. ² For ages 27 – 45, shared clinical decision-making between member and PCP. ³ One-time screening. ⁴ With a 20-pack-a-year smoking history and currently smoke or have quit within the past 15 years. ¹⁰ Single dose of Abrysvo during weeks 32 through 36 of pregnancy. ¹¹ Some COVID-19 vaccines are authorized under EUA (emergency use authorization).

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