

Vermont Recommended Child & Teen Vaccination Schedule

							Prior to Kindergarten	Prior to 7th Grade		
							4–6 Years	11–12 Years	13–18 Years	
Vaccine	Birth	2 Months	4 Months	6 Months	12–15 Months	15–18 Months				
<i>Haemophilus influenzae</i> type b (Hib)		Hib	Hib	Hib	Hib					
Pneumococcal (PCV)		PCV	PCV	PCV	PCV					
Hepatitis B (HepB)	HepB	HepB*		HepB*						
Diphtheria, Tetanus, Pertussis (DTaP)		DTaP*	DTaP*	DTaP*		DTaP	DTaP*			
Poliovirus (Polio) (IPV)		IPV*	IPV*	IPV*			IPV*			
Measles, Mumps, Rubella (MMR)					MMR*		MMR*			
Varicella (Chicken pox)*					Varicella*		Varicella*			
Tetanus, Diphtheria, Pertussis (Tdap)								Tdap		
Meningococcal (MCV4)**								MCV4	MCV4 second dose, after age 16	
Hepatitis A (HepA)					HepA	HepA				
Rotavirus (RV)		RV*	RV*							
Human Papillomavirus (HPV)								HPV 3 doses over 6 months		
Influenza				Influenza	Every flu season					

Required for child care
Required for school

Assure your child is up to date by age 2

Recommended

7/2012

* Vaccine or documentation of history of disease.

** Recommended for all. Required only for residential students entering 7th grade and newly enrolled in 8-12.

*Combination—given as one vaccination.

*Combination with restrictions—given as one vaccination.

*Oral vaccine.

Vermont's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

For more information, contact the Vermont Department of Health Immunization Program:

Phone: **802-863-7638**

toll free (in VT): **800-640-4374**

website: **HealthVermont.gov**

