

Crown Colony Pediatrics

AGE	VACCINE	PROCEDURES	GUIDANCE	SCREENING TOOLS
1-2 Weeks	Hep B IF NOT GIVEN AT THE HOSPITAL	WT, HT, HC	Info Sheet 1-2 Weeks Temperature Taking, Hep B Info Sheet	PEDS PHQ- 2 (MATERNAL)
1 Month		WT, HT, HC		PEDS PHQ- 2 (MATERNAL)
2 Months	Vaxelis (Dtap, IPV, HIB, Hep B) PCV20 Rotateq	WT, HT, HC	Info Sheet 2 Months Tylenol/Temperature, Taking VIS	PEDS PHQ- 2 (MATERNAL)
4 Months	Vaxelis (Dtap, IPV, HIB, Hep B) PCV20 Rotateq	WT, HT, HC	Info Sheet 4 Months Solid Foods, VIS	PEDS PHQ- 2 (MATERNAL)
6 Months	Vaxelis (Dtap, IPV, HIB, Hep B) PCV20 Rotateq	WT, HT, HC	Info Sheet 6 Months VIS	PEDS PHQ- 2 (MATERNAL)
9 Months		WT, HT, HC TB Risk Screening	Info Sheet 9 Months Choking Info, Poison Control, VIS	PEDS
12 Months (Must be after 1 year Birthday)	MMR Varivax Hep A	HGB, PB (lead), Spot Vision TB Risk Screening	Info Sheet 12 Months, VIS	PEDS
15 Months	Pentacel (DTAP, IPV, HIB) PCV20	WT, HT, HC TB Risk Screening	Info Sheet 15 Months, VIS	PEDS
18 Months	Hep A Hep A MUST BE MINIMUM OF 6 MONTHS AFTER Hep A #1 12 MONTHS	WT, HT, HC TB Risk Screening	Info Sheet 18 Months, VIS	M-CHAT
2 Years		WT, HT, HC, HGB, PB, Spot Vision TB Risk Screening	Info Sheet 2 Years Toilet Training	M-CHAT
3 Years		WT, HT, BP, HGB, Pulse, PB (Lead) Spot Vision TB Risk Screening	Safety Information	PEDS
4 Years	Quadracel (DTAP, IPV, MMRV)	WT, HT, BP, HGB, Pulse PB (lead) if at risk* Spot Vision/Hearing *lives in high risk community or previous high lead TB Risk Screening		PEDS
5 Years		WT, HT, BP, Pulse Spot Vision/ Hearing TB Risk Screening		PEDS

Revised 1/24/2024

500 Congress St, Ste 1F Quincy, MA 02169

Immunization Schedule

(617) 471-3411 | www.crowncolonypediatrics.com

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6-8 Years		WT, HT, BP, Pulse Near Vision (LEA symbols) Passing 20/32 or better & stereopsis Hearing at 6,8 TB Risk Screening		PSC-17
9-10 Years	HPV #1 at 9 HPV #2 at 10	WT, HT, BP, Pulse Vision only at 9 Vision/Hearing at 10 TB Risk Screening		PSC-17
11 Years	Tdap MenQuadfi *HPV #2 (*if #1 not given at 9)	WT, HT, BP, Pulse Vision Cholesterol Screening TB Risk Screening		PSC-17 Y PSC - Parent
12-15 Years	Check if HPV Complete	WT, HT, BP, Pulse TB Risk Screening	BSE/TSE Exam Aid Info Age Appropriate Info Sheets VIS	PSC-17 Y PSC - Parent
16 Years	MenQuadfi Booster	WT, HT, BP, Pulse (HGB, females only) Cholesterol Screening TB Risk Screening	BSE/TSE Exam Aid Info Age Appropriate Info Sheets VIS	PSC-17 Y PSC - Parent
17 Years	Meningococcal B #1	WT, HT, BP, Pulse TB Risk Screening	BSE/TSE Exam Aid Info Age Appropriate Info Sheets VIS	PSC-17 Y PSC - Parent
18 Years	Meningococcal B #2	WT, HT, BP, Pulse TB Risk Screening	BSE/TSE Exam Aid Info Age Appropriate Info Sheets VIS	PHQ-4 HIPAA Consent Form (Aging Out of Practice Information)
ASTHMATIC				ACT FORM
HEAD INJURY/CONCUSSION				PCSS FORM
ANXIETY/ DEPRESSION				GAD-7 PHQ-9

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