

Recommended vaccines for adolescents: 7-18 years

The chart below shows you when your child should receive their vaccines. Check the boxes to help you keep track.

Child name: _____ Date of birth: _____

| Vaccine | 7-8 years | 9-10 years | 11-12 years | 13-15 years | 16-18 years |
|--|---|---|---|--|--|
| Flu (influenza) yearly | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| HPV (human papillomavirus) | | | <input type="checkbox"/> <input type="checkbox"/> 2 doses | (at least five months between doses) | |
| Meningococcal MenACWY | | | <input type="checkbox"/> 1 dose | | <input type="checkbox"/> booster |
| Meningococcal MenB | | | | | |
| Pneumococcal | | | | | |
| Tdap (tetanus, diphtheria, pertussis) | | | <input type="checkbox"/> 1 dose | | |
| Hepatitis A | | | | | |
| Hepatitis B | | | | | |
| MMR (measles, mumps, rubella) | | | | | |
| Polio | | | | | |
| Chickenpox (varicella) | | | | | |

■ Recommended at age requirement
 ■ Recommended for high-risk adolescents
 ■ Catch up on missed

You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. 855-722-8206 or TTY 711. We accept relay calls.