



## Children's Wellness Guidelines Laying the Groundwork for a Healthy Tomorrow

### Children's Health

Put your child on the path to wellness. Be sure to schedule a Well Child visit with your child's health care provider following immunization guidelines. The doctor will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the doctor should:



Check your child's Body Mass Index percentile regularly beginning at age 2



Check blood pressure yearly, beginning at age 3



Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10



Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, and 15

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your doctor how to catch up.

Learn more! An additional source of health information is available at [healthychildren.org](http://healthychildren.org)

**Please note:** These recommendations are for healthy children who don't have any special health risks. Take time to check the following summaries of key preventive services.

Good health is a gift anyone would wish for a child, but it doesn't happen without your help.

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccinations

Blue Cross and Blue Shield of Illinois (BCBSIL) wants your child to be well.

# Be sure your child is up-to-date on immunizations and health screenings.

## Routine Children's Immunization Schedule<sup>1</sup>

| Vaccine                                 | Birth | 1 month | 2 months | 4 months | 6 months | 12 months  | 15 months  | 18 months | 1 1/2-3 years | 4 - 6 years |
|---|-------|---------|----------|----------|----------|--|--|-----------|---------------|-------------|
| Hepatitis B (HepB)                      | ●     | ●       |          |          |          |  |  |           |               |             |
| Rotavirus (RV)                          |       |         | ●        | ●        | ●        |  |  |           |               |             |
| Diphtheria Tetanus and Pertussis (DTaP) |       |         | ●        | ●        | ●        |  |  |           |               | ●           |
| Haemophilus Influenzae Type B (Hib)     |       |         | ●        | ●        | ●        |  |  |           |               |             |
| Pneumococcal Conjugate (PCV)            |       |         | ●        | ●        | ●        |  |  |           |               |             |
| Inactivated Polio Vaccine (IPV)         |       |         | ●        | ●        |          |  |  |           |               | ●           |
| Influenza (Flu)                         |       |         |          |          | ●        | Recommended <b>yearly</b> starting at age 6 months with 2 doses given the first year |  |           |               |             |
| Measles, Mumps and Rubella (MMR)        |       |         |          |          |          |  |  |           |               | ●           |
| Varicella (Chicken pox)                 |       |         |          |          |          |  |  |           |               | ●           |
| Hepatitis A (HepA)                      |       |         |          |          |          | ●  | First dose:<br>12 to 23 months<br>Second dose:<br>6 to 18 months later |           | ●             |             |

● One dose  
 ■ Shaded areas indicate the vaccine can be given during shown age range.

## Adolescents

As your children grow into adolescents, they should continue yearly preventive care visits for exams and scheduled immunizations. These visits give the doctor a chance to:

- Discuss the importance of good eating habits and regular physical activity
- Talk about avoiding alcohol, smoking and drugs
- Screen for sexual activity and sexually transmitted diseases as appropriate.
- Screen for HIV between the ages of 15 and 18.



## Recommended Immunizations for ages 7 to 18<sup>1</sup>

| Vaccine                                     | 7 - 10 years | 11 - 12 years | 13 - 15 years | 16 years | 17 - 18 years |
|---|--------------|---------------|---------------|----------|---------------|
| Tetanus Diphtheria Pertussis (Tdap)         |              | ●             |               |          |               |
| Human Papillomavirus (HPV) - boys and girls |              | ●<br>2 doses  |               |          |               |
| Meningococcal (MenACWY)                     |              | ●             |               | ●        |               |
| Influenza (Flu)                             | Yearly       |               |               |          |               |

1. These recommendations come from the Centers for Disease Control and Prevention and the American Academy of Pediatrics ([cdc.gov/vaccines/hcp/acip-recs/index.html](http://cdc.gov/vaccines/hcp/acip-recs/index.html)). The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individual advice on the recommendations provided.

Coverage for preventive services may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.