

Selected Health Screening Recommendations for Children and Adolescents

Service	Infancy							Early And Middle Childhood										Adolescence [^]									
	Newborn	1st Week *	By 1 Month	2 Months	4 Months	6 Months	12 Months	15 Months **	18 Months	2 Yrs	3 Yrs	4 Yrs	5 Yrs	6 Yrs	8 Yrs	10 Yrs	11 Yrs	12 Yrs	13 Yrs	14 Yrs	15 Yrs	16 Yrs	17 Yrs	18 Yrs	19 Yrs	20 Yrs	
Comprehensive Physical	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dental Screening Assess Risk	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Routine Dentist Visit	A first visit to the dentist is recommended between ages 2 and 3, or earlier if there are special concerns. Routine dental visits are recommended every six months after that.												Routine dental visits are recommended every six months.														
Hearing Screening Assess Risk	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hearing Test Objective Test	■	■	■	■	■	■	■	■	■	■	■	✓	✓	✓	✓	✓	■	■	■	■	■	■	■	■	■	■	
Vision Screening Assess Risk	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vision Test Objective Test for Visual Acuity	■	■	■	■	■	■	■	■	■	■	■	✓	✓	✓	✓	✓	Test if not done at school, or if problems										
Immunizations+	This is the period in which children complete their primary series of immunizations										■	Booster shots given, typically around the time a child enters school.			■	■	Assessed for adolescent series & additional booster shots			■	■	Assess before High School	Boosters & others based on assessed need				
Key	Notes ✓ = Routine for All ■ = Not Routine Provide when indicated by risk assesment *First Week Visits: Timing, frequency and content must be individualized according to the infant's unique medical, family and environmental circumstances. **15 Month Visit: Routine for some. Primary care provider and experienced parent(s) may decide necessity, unless immunization is required. ^Adolescent Visits: Emphasize developmental, psychosocial, behavioral and risk assessment. + Immunizations: For specific detailed recommendations see the ACIP/CDC chart avaiable at http://www.cdc.gov/nip/recs/child-schedule.htm#Printable . Also note that some immunizations such as the Influenza Vaccine are routine annually for children with certain health needs.								Important This document only represents a select set of services. It is not intended to represent all recommended services for children and adolescents. For the complete schedule of recommendations see the Vermont Department of Health's Health Screening Recommendations for Children and Adolescents (the Periodicity Schedule). The periodicity schedule is designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. Developmental psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate form preventative care visits. Examples: children in families undergoing divorce, experiencing domestic violence, and children in foster care and other children served by the state child protective services and juvenile justice agency. Health screening must take into account the culture and first language of the child or adolescent and that of the family of care givers.																		