

Recommended Preventive Screenings and Immunizations for Adolescents Ages 7-18

Show this chart to your primary care provider (PCP). Ask him or her any questions you have about these guidelines. Our guidelines are for people who do not have symptoms of disease or illness. People who do show symptoms of disease or illness fall outside these guidelines. Such people should be treated by their providers as needed. All or some of these services may be covered by New Mexico Health Connections, depending on your policy. These guidelines are not a guarantee of New Mexico Health Connections coverage.

		7-10 Years	11-12 Years	13-15 Years	16 Years	17-18 Years
	Vaccine					
Recommended Immunizations	Pneumococcal (PPSV 23)					
	Meningococcal		Meningococcal, 1st dose		Meningococcal, 2nd dose	
	Human Papillomavirus (HPV)		2 or 3 doses			
	Tetanus, Diptheria, Pertussis (Tdap)		Tdap			
	Influenza (Flu)	Annually				
	Hepatitis A (Hep A)					
	Hepatitis B (Hep B)					
	Inactivated Poliovirus (IPV)					
	Measles, Mumps, Rubella (MMR)					
	Varicella (VAR)					
Recommended Screenings	Service					
	Routine Health Exam	Annually				
	Body Mass Index (BMI)	BMI during routine health exam				
Rec	Dental Visit	Every 6-12 months, or as your dentist suggests				
	Recommend	ed age for all children	Special circumst	cances; check with your provi	der ¹ Can be given fo	or catch-up immunization

Sources: Adapted from Centers for Disease Control and Prevention (CDC); the United States Preventive Service Task Force

1. If your child has any medical conditions that put him or her at risk for infections or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.