

# Immunization schedule

Immunizations are recommended at certain ages when your baby is most vulnerable, and can be given during your child's wellness exams. Please talk with your doctor if you have any questions.

NEWBORN  
0

Hepatitis B

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TWO  
2  
MONTHS

Hepatitis B  
DTaP (Diphtheria, Tetanus, acellular Pertussis)  
Hib (*Haemophilus influenzae* type b)  
Polio  
Pneumococcal  
Rotavirus\*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOUR  
4  
MONTHS

DTaP (Diphtheria, Tetanus, acellular Pertussis)  
Hib (*Haemophilus influenzae* type b)  
Polio  
Pneumococcal  
Rotavirus\*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIX  
6  
MONTHS

Hepatitis B  
DTaP (Diphtheria, Tetanus, acellular Pertussis)  
Hib (*Haemophilus influenzae* type b)  
Polio  
Pneumococcal  
Rotavirus\*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIX AND OLDER  
6+  
MONTHS

Influenza  
COVID-19

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TWELVE TO FIFTEEN  
12 to 15  
MONTHS

DTaP (Diphtheria, Tetanus, acellular Pertussis)  
Hib (*Haemophilus influenzae* type b)  
MMR (Measles, Mumps, Rubella)  
Varicella\*\* (chicken pox)  
Pneumococcal  
Hepatitis A

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

EIGHTEEN  
18  
MONTHS

Hepatitis A

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



If you have an Intermountain provider, you can keep track of your immunizations in MyHealth+. Login at [myhealthplus.intermountainhealthcare.org](https://myhealthplus.intermountainhealthcare.org) or scan the QR code.

\* Some Select Health plans cover the rotavirus immunization under a benefit different from other childhood vaccines. You may be responsible for a coinsurance amount depending on your plan benefits.  
\*\* No varicella vaccine is needed if your child has already had chicken pox.