

City of Milwaukee
Health Department



Developmental Screening and Immunization Record

for children from birth to 5 years old

Think Health
Act Now!
CITY OF
MILWAUKEE
HEALTH DEPARTMENT

Tom Barrett, Mayor
Bevan K. Baker,
Commissioner of Health
www.milwaukee.gov/health



Sources:

Hagan JF, Shaw JS, Duncan PM, eds. 2008 Birth Futures Guidelines for Health Supervision of Infants, Children, and Adolescents Third Ed., Elk Grove, IL: American Academy of Pediatrics.

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years – United States – 2011, www.aap.org, accessed June 7, 2011.

Immunization Tracking

Did you know? *Breastfeeding helps protect your baby's health, but your baby still needs to be vaccinated.*

Age	Immunization	Dose
Birth	Hepatitis B (HepB)	1 of 3
1 Month	Hepatitis B (HepB)	2 of 3
2 Months	Diphtheria, Tetanus, Pertussis (DTaP)	1 of 5
	Haemophilus influenzae type b (Hib)	1 of 4
	Pneumococcal (PCV)	1 of 4
	Polio (IPV)	1 of 4
	Rotavirus (RV)	1 of 3
4 months	Diphtheria, tetanus, pertussis (DTaP)	2 of 5
	Haemophilus influenzae type B (Hib)	2 of 4
	Pneumococcal (PCV)	2 of 4
	Polio (IPV)	2 of 4
	Rotavirus (RV)	2 of 3
6 months	Diphtheria, tetanus, pertussis (DTaP)	3 of 5
	Haemophilus influenzae type b (Hib)	3 of 4
	Hepatitis B (HepB)	3 of 3
	Pneumococcal (PCV)	3 of 4
	Rotavirus	3 of 3
	Polio (IPV)	3 of 4
	Flu (influenza)	Yearly
12-18 months	Diphtheria, tetanus, pertussis (DTaP)	4 of 5
	Haemophilus influenzae type b (Hib)	4 of 4
	Pneumococcal (PCV)	4 of 4
	Measles, mumps, rubella (MMR)	1 of 2
	Chickenpox (Varicella)	1 of 2
24 months	Hepatitis A (HepA)	1 of 2
4 and 5 years	Hepatitis A (HepA)	2 of 2
	Chickenpox (Varicella)	2 of 2
	Diphtheria, tetanus, pertussis (DTaP)	5 of 5
	Measles, mumps, rubella (MMR)	2 of 2
	Polio (IPV)	4 of 4

Birth – 5 months

Developmental Screening

Talk to your child's provider about whether your child should have a developmental screening at this age.

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
		Adjusted for prematurity? <input type="checkbox"/> Yes <input type="checkbox"/> No, child was born full term	<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

*Plan: A. Repeat at _____ month check-up.

B. Follow-up needed. Repeat screen at _____ months;
Appointment date: _____

C. Refer to: _____ for further assessment.

Required Newborn Screening	Newborn Screening Test	Newborn Hearing Test
Results	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Ask your doctor for your baby's screening results at your next checkup!

Recommended Immunizations

Age	Immunization	Dose #
Birth	Hepatitis B (HepB) #1	1
1 month	Hepatitis B (HepB) #2	2
2 months	Diphtheria, tetanus, pertussis (DTaP)	1
	Haemophilus influenzae type b (Hib)	1
	Polio (IPV)	1
	Pneumococcal (PCV)	2
	Rotavirus (RV)	1
4 months	Diphtheria, tetanus, pertussis (DTaP)	2
	Haemophilus influenzae type b (Hib)	2
	Polio (IPV)	2
	Pneumococcal (PCV)	2

6 months – 11 months

Developmental Screening

Recommended for all children at the 9-month Well-Child Visit

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
		Adjusted for prematurity? <input type="checkbox"/> Yes <input type="checkbox"/> No, child was born full term	<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Developmental Screening follow-up

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
		Adjusted for prematurity? <input type="checkbox"/> Yes <input type="checkbox"/> No, child was born full term	<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Recommended Immunizations

Age	Immunization	Dose #
6 months	Hepatitis B (HepB)	3
	Diphtheria, tetanus, pertussis (DTaP)	3
	Haemophilus influenzae type b (Hib)	3
	Polio (IPV)	3
	Pneumococcal (PCV)	3
	Rotavirus (RV)	3

Influenza (Flu) vaccines are also strongly recommended yearly starting at 6 months of age and through childhood.

Things to remember:

- If your child misses a scheduled vaccination, the series does not need to be started over again.
- If your child has a runny nose, allergies, low fever or is taking medicine, the child usually can be vaccinated.
- Babies that are born too small (low birth weight) or too soon (premature) still need to be vaccinated on schedule.
- Breastfeeding helps protect your baby's health, but your baby still needs to be vaccinated.

A breast-fed baby is a stronger baby!

Social & Emotional Screening follow-up

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
			<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Recommended Immunizations

Age	Immunization	Dose #
4-6 years	Diphtheria, tetanus, pertussis (DTaP)	5
	Polio (IPV)	4
	Measles, mumps, rubella (MMR)	2
	Chickenpox (VAR)	2

Influenza (Flu) vaccines are also strongly recommended yearly starting at 6 months of age and through childhood.

Other Recommended Screening

	Date Given	Results
Vision		
Hearing		



immunized babies = stronger kids

4 and 5 years

Developmental Screening

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
			<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

*Plan: A. Repeat at _____ month check-up.

B. Follow-up needed. Repeat screen at _____ months;

Appointment date: _____

C. Refer to: _____ for further assessment.

Developmental Screening follow-up

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
			<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Social & Emotional Screening

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
			<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

*Plan: A. Repeat at _____ month check-up.

B. Follow-up needed. Repeat screen at _____ months;

Appointment date: _____

C. Refer to: _____ for further assessment.

12 – 23 months

Developmental Screening

Recommended for all children at the 18-month Well-Child Visit

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
		Adjusted for prematurity? <input type="checkbox"/> Yes <input type="checkbox"/> No, child was born full term	<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

*Plan: A. Repeat at _____ month check-up.

B. Follow-up needed. Repeat screen at _____ months;

Appointment date: _____

C. Refer to: _____ for further assessment.

Developmental Screening follow-up

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
		Adjusted for prematurity? <input type="checkbox"/> Yes <input type="checkbox"/> No, child was born full term	<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Other Recommended Screening	Date Given	Results
Autism (at 18 months)		
Blood Lead (at 12 & 18 months)		
Dental Referral		

Recommended Immunizations

Age	Immunization	Dose #
12-18 months	Diphtheria, tetanus, pertussis (DTaP)	4
	Haemophilus influenzae type b (Hib)	4
	Pneumococcal (PCV)	4
	Mumps, measles, rubella (MMR)	1
	Chickenpox (VAR)	1
	Hepatitis A (HepA)	1

3 before 3!
 Lead poisoning can harm your baby for life – make sure your baby gets tested
3 times before age 3

24 – 36 months

Developmental Screening

Recommended for all children at the 24 month or 30 month Well-Child Visit

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
		Adjusted for prematurity? (24 month check-up only) <input type="checkbox"/> Yes <input type="checkbox"/> No, child was born full term	<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

- *Plan: A. Repeat at _____ month check-up.
 B. Follow-up needed. Repeat screen at _____ months;
 Appointment date: _____
 C. Refer to: _____ for further assessment.

Developmental Screening follow-up

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
		Adjusted for prematurity? (24 month check-up only) <input type="checkbox"/> Yes <input type="checkbox"/> No, child was born full term	<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Other Recommended Screening	Date Given	Results
Autism (at 24 months)		
Vision		
Dental Referral (if not previously given)		
Blood Lead		



Social & Emotional Screening

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
		Adjusted for prematurity? (24 month check-up only) <input type="checkbox"/> Yes <input type="checkbox"/> No, child was born full term	<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

- *Plan: A. Repeat at _____ month check-up.
 B. Follow-up needed. Repeat screen at _____ months;
 Appointment date: _____
 C. Refer to: _____ for further assessment.

Social & Emotional Screening follow-up

Standardized Tool Used	Date Given	Age of Child at Screening: _____	Result (check one)	*Plan
			<input type="checkbox"/> Reassuring <input type="checkbox"/> Somewhat Concerning <input type="checkbox"/> Concerning	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C



Recommended Immunizations

Age	Immunization	Dose #
24 months	Hepatitis A (HepA)	2