### Recommended Childhood Immunizations Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Shot — one dose unless otherwise indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hepatitis B (Hep B)</td>
</tr>
<tr>
<td>2 months</td>
<td>Diphtheria-Tetanus-Pertussis (DTaP), Hep B, <em>Haemophilus influenzae</em> type b (Hib), Polio (IPV), Pneumococcal Conjugate (PCV), Rotavirus</td>
</tr>
<tr>
<td>4 months</td>
<td>DTaP, Hib, IPV, PCV, Rotavirus</td>
</tr>
<tr>
<td>6 months</td>
<td>DTaP, Hep B, Hib, IPV, PCV, Rotavirus, Influenza</td>
</tr>
<tr>
<td>12-15 months</td>
<td>Measles-Mumps-Rubella (MMR), PCV, Hib, Influenza</td>
</tr>
<tr>
<td>12-18 months</td>
<td>DTaP</td>
</tr>
<tr>
<td>12 months-18 years</td>
<td>Hepatitis A (Hep A)</td>
</tr>
<tr>
<td>4-5 years</td>
<td>DTaP, IPV, MMR, Varicella</td>
</tr>
<tr>
<td>11-18 years</td>
<td>Human Papillomavirus (HPV) 3 doses—second dose 2 months after the first dose and third dose 6 months after the first dose, Meningococcal Conjugate (MCV), Tetanus-Diphtheria-Pertussis (Tdap)</td>
</tr>
</tbody>
</table>

Need health insurance for your child? Apply online at www.floridakidcare.org or call toll-free 1-888-546-5437 for an application.

**Florida KidCare**

This document is not a complete medical guide for immunizations. Your healthcare provider will determine recommended age-appropriate immunizations based on your medical history. Visit www.cdc.gov for detailed information on vaccines.
Age-appropriate doses of the following vaccines are required for:

**Child Care and/or Family Day Care Entry**
- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b (Hib)
- Measles-Mumps-Rubella (MMR)
- Pneumococcal Conjugate (PCV)
- Polio (IPV)
- Varicella (Chickenpox) — either vaccine or history of disease documented by healthcare provider

**Preschool Entry**
- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b
- Hepatitis B (Hep B)
- Measles-Mumps-Rubella
- Polio
- Varicella (Chickenpox) — either vaccine or history of disease documented by healthcare provider

**Kindergarten Entry**
- Diphtheria-Tetanus-Pertussis
- Hepatitis B
- Measles-Mumps-Rubella
- Polio
- Varicella (Chickenpox) — either vaccine or history of disease documented by healthcare provider

**7th Grade Entry**
- Tetanus-Diphtheria-Pertussis (Tdap)—In addition to all other immunization requirements

**Forms Required for Immunization Documentation**

The Form DH 680, *Florida Certification of Immunization*, must be used to document the immunizations required for entry and attendance in Florida schools. These forms must be completed by a Florida physician or a Florida county health department. If moving to Florida, get a copy of your child’s complete immunization history before leaving the current state of residence. The local county health department or your private provider will need this information to complete the Form DH 680.

Don’t forget to take your child’s immunization record with you to every doctor’s appointment. Keep your child’s record in a safe place. Documentation of immunization is required for entry into most colleges, universities, and the military.