

PREVENTIVE HEALTH GUIDELINES

A common member request is one about a “complete physical.” This is sometimes called an “annual check-up.” Many members do not know how often they should get one. Well Child exams are scheduled according to age.

To help you in your pursuit of health, we would like to share our Health Maintenance Guidelines. These guidelines are based on the U.S. Preventive Services Task Forces’ report, ***Guide to Clinical Preventive Services***. They are also based on the American Academy of Family Physicians’ ***Summary of Policy Recommendations for Periodic Health Examinations***.

We encourage you to take the time to read our guidelines. If you have any questions, ask your GVHP Family Health Center. We want you to stay healthy!

Pediatric & Adolescent Preventive Health Guidelines

| Screenings | Age | Comments |
|--|---|---|
| Well-Baby Exams (includes interval history, nutritional assessment, developmental screen, risk assessment, physical examination and anticipatory guidelines) | 1 –2 weeks 2 months 4 months 6 months 9 months 12 months 15 months 18 months | Visit with physician Visit with practitioner and nurse Visit with practitioner and nurse Visit with practitioner and nurse Visit with practitioner and nurse Visit with practitioner and nurse Visit with practitioner and nurse Visit with practitioner and nurse |
| Pediatric Exams (includes interval history, nutritional, developmental, behavioral and risk assessments, physical examination, counseling and education) | 24 months 3-6 years 7-11 years | Visit with practitioner Optional annual exam Optional annual exam |
| Adolescent Exams ((includes interval history, nutritional, developmental, behavioral and risk assessments, physical examination, counseling and education) | 12-19 years | Optional annual exam |
| Blood Pressure | 3 years+ | At every visit |
| Tb Screening | 1 year | If high risk |
| Lead Screening | 6 months 1 year | Lead screening questionnaire Blood lead level |
| Lipid (Cholesterol) Screening | 2 years+ | If high risk |

Pediatric & Adolescent Routine Immunization Schedule

| Age | Vaccine | Protects Against |
|-------------------------|--|---|
| Birth-2 months | HepB #1 | Hepatitis B virus |
| 1-2 months | HepB #2 | Hepatitis B virus |
| 2 months | DTaP #1 Hib #1 IPV #1 PCV #1 Rota #1 | Diphtheria, tetanus, and whooping cough Hemophilus Influenza type b Polio Pneumococcal Disease Rotavirus |
| 4 months | DTaP #2 Hib #2 IPV #2 PCV #2 Rota #2 | Diphtheria, tetanus, and whooping cough Hemophilus Influenza type b Polio Pneumococcal Disease Rotavirus |
| 6 months | DTaP #3 Hib #3 PCV #3 Rota #3 | Diphtheria, tetanus, and whooping cough Hemophilus Influenza type b Pneumococcal Disease Rotavirus |
| 6-18 months | HepB #3 IPV #3 | Hepatitis B virus Polio |
| 6-59 months | Influenza | Flu virus (given annually) |
| 12-15 months | Hib #4 PCV #4 MMR #1 Varicella #1 | Hemophilus Influenza type b Pneumococcal Disease Measles, mumps, rubella Chickenpox |
| 12-23 months | HepA #1 | Hepatitis A |
| 6 months later | HepA #2 | Hepatitis A |
| 15-18 months | DtaP #4 | Diphtheria, tetanus, and whooping cough |
| 4-6 years | DTaP #5 IPV #4 MMR #2 Varicella #2 | Diphtheria, tetanus, and whooping cough Polio Measles, mumps, rubella Chickenpox |
| 11-12 years | Tdap MMR #2 HPV (3 doses) MCV4 | Tetanus, diphtheria, whooping cough Measles, mumps, rubella (if 2 nd dose was not received) Human papillomavirus (females) Meningococcal meningitis |
| College Freshmen | MCV4 or MPSV4 | Meningococcal meningitis (if not previously immunized) |

These are the general preventive health guidelines, which GVHP follows. For more specific information, please contact your GVHP Family Health Center.