

TICKSHEET	Excelcare - Vineland Pediatrics							4/1/2019																						
	Wk Months							Years																						
	1	1	2	4	6	9	12	15	18	24	30	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
DTaP			X	X	X			X					X																	
IPV			X	X	X								X																	
HIB-D			X	X	X			X																						
Rotavirus *2			X	X	X																									
Pevnar			X	X	X			X																						
PPV											?																			
Hepatitis-B			X	?		X																								
Hepatitis-A (MI 1&2=6mo)							X		X																					
MMR *6							X						*																	
Varicella							X		X																					
TDaP																				X										
Gardasil (HPV) *3																				XX	?									
Menactra																				X				X						
Trumemba (MI 1&2=6 mo)																								XX						
Flu					X	X				X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Ht & Wt	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Head Circ	X	X	X	X	X	X	X	X	X	X	X																			
Pulse																			X	X	X	X	X	X	X	X	X	X	X	
B.P.											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Vision							*			*		*	X	X	X	*	X	*	X	*	X	*	X	*	X	*	X	*	X	
Hearing											X	X	X	X	*	X	*	X	*	X	*	X	*	X	*	X	*	X	*	
Dental Screen *5	X	X	X	X	X	X	*	*	X	X	X	*	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Fluoride					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Fluoride Varnish					X	X	X	X	X	X	X	X	X																	
Dev. Screen *4	X	X	X	X	X	X	X	X	X	X	X	*	*	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
MCHAT									X	X																				
Accident Coun.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Mat. Depression		X	X	X	X																									
Adol. Depr. Screen																				X	X	X	X	X	X	X	X	X	X	
Healthy Tips/Habits Sheet							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
TB Quest.				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Lead Quest				X	X	X	X	X	X	X	X	X	X	X																
Lead Level					*	*			X																					
Cholesterol																			X										X	
H&H							X		X																				X	
HIV Screen																													X	
Urine GC and Chlamydia DNA PCR																													X	
Sickle Cell Screen (if results not available)										X																				
<p>*1 = Accident prevention book + poison control center information sheet</p> <p>*2 = Must start BEFORE 15 weeks of age. All doses should be completed BEFORE 8 Months of age</p> <p>*3 = Gardasil = If #1 >= 15 BD needs 3 doses MI 1-2=4wk, 2-3=12wks If #1 < 15 BD needs 2 doses MI 1-2=6 mo</p> <p>*4 = PRESS</p> <p>*5 = Dental Screening Form</p> <p>*6 = Need Special Consent for second dose</p> <p>*7= State ins (Medtox). at 9M, Private ins (Lab). at 12M</p> <p>*8 = Vision & Hearing >=7Y Medicaid every Year, Commercial every 2 Years. AR at 12M,24M,+/- 3Y</p>																														