

Crown Colony Pediatrics

AGE	VACCINE	PROCEDURES	GUIDANCE	SCREENING TOOLS
1-2 Weeks	Hep B IF NOT GIVEN AT THE HOSPITAL	WT, HT, HC	Info Sheet 1-2 Weeks Temperature Taking, Hep B Info Sheet	PHQ- 2 (MATERNAL)
1 Month		WT, HT, HC		SWYC PHQ- 2 (MATERNAL) HNA
2 Months	Vaxelis (DTAP, IPV, HIB, Hep B) PCV20 Rotateq	WT, HT, HC	Info Sheet 2 Months Tylenol/Temperature, Taking VIS	SWYC PHQ- 2 (MATERNAL)
4 Months	Vaxelis (DTAP, IPV, HIB, Hep B) PCV20 Rotateq	WT, HT, HC	Info Sheet 4 Months Solid Foods, VIS	SWYC PHQ- 2 (MATERNAL)
6 Months	Vaxelis (DTAP, IPV, HIB, Hep B) PCV20 Rotateq	WT, HT, HC	Info Sheet 6 Months VIS	SWYC PHQ- 2 (MATERNAL)
9 Months		WT, HT, HC TB Risk Screening	Info Sheet 9 Months Choking Info, Poison Control, VIS	SWYC
12 Months (Must be after 1 year Birthday)	MMR Varivax Hep A	HGB, PB (lead), Spot Vision TB Risk Screening	Info Sheet 12 Months, VIS	SWYC HNA
15 Months	Pentacel (DTAP, IPV, HIB) PCV20	WT, HT, HC TB Risk Screening	Info Sheet 15 Months, VIS	SWYC
18 Months	Hep A Hep A MUST BE MINIMUM OF 6 MONTHS AFTER Hep A #1 12 MONTHS	WT, HT, HC TB Risk Screening	Info Sheet 18 Months, VIS	SWYC M-CHAT
2 Years		WT, HT, HC, HGB, PB, Spot Vision TB Risk Screening	Info Sheet 2 Years Toilet Training	SWYC M-CHAT HNA
3 Years		WT, HT, BP, HGB, Pulse, PB (Lead) Spot Vision TB Risk Screening	Safety Information	SWYC HNA
4 Years	Quadracel (DTAP, IPV, MMRV)	WT, HT, BP, HGB, Pulse PB (lead) if at risk* Spot Vision/Hearing *lives in high risk community or previous high lead TB Risk Screening		SWYC HNA
5 Years		WT, HT, BP, Pulse, Hearing TB Risk Screening		SWYC HNA

Revised 6/09/2025

500 Congress St, Ste 1F Quincy, MA 02169

Immunization Schedule

(617) 471-3411 | www.crowncolonypediatrics.com

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*6-8 Years		WT, HT, BP, Pulse Near Vision (LEA symbols) Passing 20/32 or better & stereopsis Hearing at 6, 8 TB Risk Screening		PSC-17 *(8 YR OLD ONLY SUDDEN CARDIAC SCREEN EVENT SCREEN) HNA
9-10 Years	HPV #1 at 9 HPV #2 at 10	WT, HT, BP, Pulse Vision only at 9 Vision/Hearing at 10 TB Risk Screening		PSC-17 HNA
*11 -12 Years	Tdap MenQuadfi *HPV #2 (*if #1 not given at 9)	WT, HT, BP, Pulse Vision Cholesterol Screening TB Risk Screening		PSC-17 Y PSC – Parent *(11 YR OLD ONLY SUDDEN CARDIAC SCREEN EVENT SCREEN) HNA
*13-17 Years	Check if HPV Complete	WT, HT, BP, Pulse TB Risk Screening	BSE/TSE Exam Aid Info Age Appropriate Info Sheets VIS	PHQ-4 (<i>If Positive, Add PHQ-9, GAD7</i>) *(14 & 17 YR OLD ONLY SUDDEN CARDIAC SCREEN EVENT SCREEN) PSC - Parent HNA
16 Years	MenQuadfi Booster Men B #1	WT, HT, BP, Pulse (HGB, females only) Cholesterol Screening TB Risk Screening GC/Chlamydia Screening	BSE/TSE Exam Aid Info Age Appropriate Info Sheets VIS	PHQ-4 Y (<i>If Positive, Add PHQ-9, GAD7</i>) PSC – Parent HNA
*17 Years	Men B #2	WT, HT, BP, Pulse TB Risk Screening GC/Chlamydia Screening	BSE/TSE Exam Aid Info Age Appropriate Info Sheets VIS	PHQ-4 Y (<i>If Positive, Add PHQ-9, GAD7</i>) *(SUDDEN CARDIAC SCREEN EVENT SCREEN) PSC – Parent HNA
18 Years		WT, HT, BP, Pulse TB Risk Screening GC/Chlamydia Screening	BSE/TSE Exam Aid Info Age Appropriate Info Sheets VIS	PHQ-4 (<i>If Positive, Add PHQ-9, GAD7</i>) HIPAA Consent Form (Aging Out of Practice Information)
ASTHMATIC				ACT FORM
ANXIETY/ DEPRESSION				GAD-7 PHQ-9

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