







Middle Childhood Well Visit Schedule

<u>Vaccines/ Age</u>	<u>Flu (Influenza)</u>	<u>Vitals</u>	<u>Tests/ Screens</u>	<u>Notes</u>
5 Years	 *yearly	Height, Weight, Blood Pressure, Pulse	Lead Screen, Vision, Hearing Tuberculosis risk assessment	None
6 Years	 *yearly	Height, Weight, Blood Pressure, Pulse	Lead Screen, Vision, Hearing Tuberculosis risk assessment	None
7 Years	 *yearly	Height, Weight, Blood Pressure, Pulse	Tuberculosis risk assessment	None
8 Years	 *yearly	Height, Weight, Blood Pressure, Pulse	Vision Tuberculosis risk assessment	None
9 Years	 *yearly	Height, Weight, Blood Pressure, Pulse	Tuberculosis risk assessment	None
10 Years	 *yearly	Height, Weight, Blood Pressure, Pulse	Vision, Hemoglobin, Cholesterol Tuberculosis risk assessment	None