

Middle Childhood Well Visit Schedule

<u>Vaccines/</u> <u>Age</u>	Flu (Influenza)	Vitals	Tests/ Screens	Notes
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

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