







# Middle Childhood Well Visit Schedule

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