

## HELP YOUR CHILD MAINTAIN GOOD HEALTH

# Preventive Health Guidelines for Children



**PARENTS:** Help your kids stay healthy. Learn about Let's Go! 5-2-1-0

[Letsgo.org](http://Letsgo.org)



## Parents: Help Your Child Stay Healthy for Life

When your child becomes very ill or hurt, it's natural to seek medical care. Keep in mind that preventive care is just as important to your child's health and well-being. Take an active role in managing your child's health to make sure they receive well child exams, regular screenings and immunizations. Choose your child's primary care provider early, know about your child's health needs and keep exact records of your child's health history.

## Partnering in Your Child's Health

Your best resource in managing your child's health is a primary care physician. Regular well child check-ups let your doctor assess your child's development, screen for possible health concerns, advise you on child rearing and healthy lifestyle practices and give immunizations to protect your child from serious diseases. Your doctor will remind you when to bring your child in for certain immunizations and screenings.

No one knows your child better than you. Give your doctor your child's health history, and talk about any signs of illness or any development issues your child may show. Ask questions and make sure you understand what your doctor tells you about your child's care, immunizations, recommended testing and prescription medicine.

## How to Find a Primary Care Provider

Valley Medical Center manages a neighborhood network of primary care clinics, staffed with family practitioners. Please visit [valleymed.org/pcp](http://valleymed.org/pcp) to help match your child with a provider that best fits your needs.



## Urgent Care—When the Unexpected Happens

For times when you can't wait for a regularly scheduled appointment, Valley Medical Center's urgent care clinics offer walk-in appointments, telehealth video visits and after-hours care for injuries, illness and other clinic services when the issue is not life threatening and emergency room care is not needed. Urgent care is also less expensive than the ER, with shorter wait times. Avoid waiting in the clinic and get in line online at an urgent care near you at [valleymed.org/wait-times](http://valleymed.org/wait-times).

## Recommended Guidelines

Your child's preventive healthcare includes immunizations, screenings for development, nutrition and behavior conditions, as well as a review of risks for diseases and conditions. Your doctor will also give advice for keeping your child safe and nurtured as they grow. If your child will be in competitive sports, let your doctor know at the yearly well child check-up, so they can do any needed testing and complete forms you may need.



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Public Hospital District No. 1 of King County

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## Your Child's Preventive Health Checklist



|                  |   | 0 – 24 Months  | 2 – 6 Years | 7 – 10 Years | 11 – 21 Years                       |                                    |
|------------------|---|--|-------------|--------------|-------------------------------------|------------------------------------|
| <b>SCREENING</b> | Head circumference                          | Every well visit   |             |              |                                     |                                    |
|                  | Body Mass Index (BMI) Percentile            | Every well visit   |             |              |                                     |                                    |
|                  | Developmental / behavioral assessment       | Every well visit   |             |              |                                     |                                    |
|                  | Blood pressure                              | Every well visit starting at age 3                             |             |              |                                     |                                    |
|                  | Vision screening                            | Every well visit starting at age 3                             |             |              |                                     |                                    |
|                  | Hearing screening                           | Periodic subjective or objective screening at every well visit |             |              |                                     |                                    |
|                  | Nutritional assessment                      | Every well visit   |             |              |                                     |                                    |
|                  | Activity assessment                         | Every well visit   |             |              |                                     |                                    |
|                  | Dental assessment                           | Every well visit   |             |              |                                     |                                    |
|                  | Hereditary & metabolic screening            | Birth & 2 weeks  |             |              |                                     |                                    |
|                  | Depression screening                        |  |             |              | Every well visit starting at age 10 |                                    |
|                  | Screening for sexually transmitted diseases |  |             |              |                                     | Consult doctor, if sexually active |

## Recommended Child and Adolescent Immunization Schedule<sup>1</sup>

|                             |                                      | Birth | 1 mon | 2 mos | 4 mos | 6 mos | 12 mos | 15 mos | 18 mos | 24 mos | 4-6 years                                | 11-12 years                               | 13-14 years | 15 years | 16-18 years |        |
|-----------------------------|--------------------------------------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--|---|-------------|----------|-------------|--------|
| <b>VACCINATIONS</b>         | Tetanus, diphtheria, Pertussis       |       |       | x     | x     | x     |        | x      |        |        | x  | x   |             |          |             |        |
|                             | Hepatitis B                          | x     |       | x     |       | x     |        |        |        |        |  |   |             |          |             |        |
|                             | <i>Haemophilus Influenzae</i> Type B |       |       | x     | x     | x     |        | x      |        |        |  |   |             |          |             |        |
|                             | Inactivated Poliovirus               |       |       | x     | x     |       | x      |        |        |        | x  |   |             |          |             |        |
|                             | Measles, Mumps, Rubella (MMR)        |       |       |       |       |       |        | x      |        |        |  | x   |             |          |             |        |
|                             | Chickenpox (Varicella)               |       |       |       |       |       |        | x      |        |        |  | x   |             |          |             |        |
|                             | Pneumococcal disease (PCV)           |       |       | x     | x     | x     |        | x      |        |        |  |   |             |          |             |        |
|                             | Pneumococcal disease (PPV)           |       |       |       |       |       |        |        |        |        | Recommended for certain high-risk groups |   |             |          |             |        |
|                             | Hepatitis A                          |       |       |       |       |       |        |        |        |        |  | x   |             |          |             |        |
|                             | Influenza <sup>2</sup>               |       |       |       |       |       |        |        |        |        |  | Annually                                  |             |          |             |        |
|                             | Covid Vaccine                        |       |       |       |       |       |        |        |        |        |  | Consult with your PCP regarding frequency |             |          |             |        |
|                             | Rotavirus (RV) (meningococcus, MCVC) |       | x     | x     | x     |       |        |        |        |        |  |   |             |          |             |        |
|                             | Meningococcus (MCV4)                 |       |       |       |       |       |        |        |        |        |  |   | Age 11      |          |             | Age 16 |
| Human Papilloma Virus (HPV) |                                      |       |       |       |       |       |        |        |        |        |  | 2 – 3 times for age 9 and older           |             |          |             |        |

1. Recommended immunization schedules subject to change. Catch-up immunization will be needed if your child did not receive any of the recommended vaccines according to schedule. Consult your child's doctor.
2. Yearly immunization recommended for children 6 months or older. Immunization schedules for influenza may change. Check with your child's doctor.



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