

### Newborn hearing screening

Left ear result		Right ear result		Date	Screener Initials
Pass	Refer	Pass	Refer		

### Newborn bloodspot screening

Test Result	Date	Provider Initials
Normal	Refer	

### Lead & anemia screening

Age	Result	Date	Provider Initials
12 months			
24 months			

### Growth & development screening (ASQ)

Recommended screening age	Date	Provider Initials
9 Months		
18 months		
30 months		

### Oral health visit

Visit	Date	Clinic
1st Dental Exam (1st tooth or 12 months)		
Fluoride Varnish Application (start with 1st tooth and repeat every 3 months)		

### Tuberculin skin test (as needed)

Placement Date	Reading Date	Result



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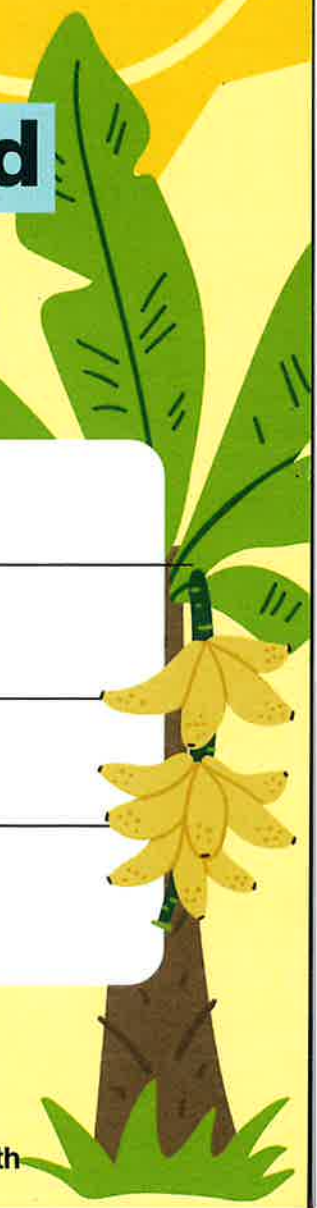
# CNMI Child Wellness Card



Name of Child

Hospital Number

Date of Birth



(670) 234-8950 | [www.chcc.health](http://www.chcc.health)

# Well-child visit schedule

Well-child visits are essential for many reasons, including these benefits:

**Prevention** Your child gets scheduled immunizations to prevent illness. You can also ask your pediatrician about nutrition and safety in the home and school.

**Tracking growth and development** See how much your child has grown in the time since your last visit, and talk with your doctor about your child's development. You can discuss your child's milestones, social behaviors and learning.

**Raising concerns** Make a list of topics you want to talk about with your child's pediatrician such as development, behavior, sleep, eating or getting along with your other family members. Bring your top three to five questions or concerns with you to talk with your pediatrician at the start of the visit.



Age	Provider Initials	Date	Weight	Comments
3-5 days				
6 weeks				
4 months				
6 months				
9 months				
12 months				
15 months				
18 months				
24 months				
30 months				
3 years				
4 years				
5 years				
6 years				
7 years				
8 years				
9 years				
11 years				
10 years				
12 years				
13 years				
14 years				
15 years				
16 years				
17 years				

# Immunization schedule

Age	Vaccine	Weight	Date	Provider Signature
Birth	1st Hepatitis B (Hep B)			
	Hepatitis B Immune Globulin (HBIG)*			
6 weeks	2nd Hep B			
	1st Diphtheria Tetanus acellular Pertussis (DTaP)			
	1st Enhanced - Inactive Polio (E-IPV)			
	1st Haemophilus B (Hib)**			
	1st Pneumococcal Conjugate (PCV13)			
	1st Rotavirus (Rota)			
4 months	2nd DTaP			
	2nd E-IPV			
	2nd Hib			
	2nd PCV13			
	2nd Rota			
6 months	3rd Hep B			
	3rd DTaP			
	3rd E-IPV			
	3rd Hib			
	3rd PCV13			
12 months	1st Hep A			
	1st Measles - Mumps - Rubella (MMR)			
	1st Varicella			
15 months	4th DTaP			
	4th Hib			
	4th PCV13			
18 months	2nd Hep A			
	5th DTaP			
4 years	4th-E-IPV			
	2nd MMR			
	2nd Varicella			
11 years	TDaP, 1st Meningococcal (MCV)			
	1st Human Papilloma Virus (HPV)***			
	2nd HPV			
16 years	2nd MCV			
Other				

\*HBIG is administered as needed

\*\*Hib doses depends on type of vaccine previously administered, 4 doses are needed for ACTHIB, Hiberix, or Pentacel and 3 doses are needed for PedvaxHIB.

\*\*\*HPV vaccination routinely recommended at age 11-12 years (can start at age 9 years). If HPV started at 15 years or older, 3 doses are needed to complete the full series.

