

## Recommended Immunizations for Children Aged

# 4 Months

Write the Date received in the box next to the vaccine once your child has received it.

<b>RV*</b>	<b>Rotavirus</b>	(Dose 2 of 3)	Date received
<b>DTaP</b>	<b>Diphtheria, Pertussis, &amp; Tetanus</b>	(Dose 2 of 5)	Date received
<b>Hib*</b>	<b>Haemophilus influenzae type b</b>	(Dose 2 of 4)	Date received
<b>PCV15, PCV20</b>	<b>Pneumococcal disease</b>	(Dose 2 of 4)	Date received
<b>IPV</b>	<b>Polio</b>	(Dose 2 of 4)	Date received
<b>RSV*</b>	<b>Respiratory Syncytial Virus</b> (This dose can be administered anywhere from birth-19 months. Talk to your doctor or health care provider for more information.)	(Dose 1 of 1)	Date received

### FOOTNOTES

#### **RV\*** **Hib\***

Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

#### **RSV\***

Your child might need an RSV vaccine. Talk to your doctor or health care provider for more information.



**DISCLAIMER:** Dosages and Vaccinations required are as presented on the CDC's recommended infant vaccination schedule. Contact your healthcare provider or visit <https://www.cdc.gov/vaccines> for more information.

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