

Recommended Immunizations for Children Aged

4 Months

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

RV*	Rotavirus	(Dose 2 of 3)	<input type="text" value="Date received"/>
DTaP	Diphtheria, Pertussis, & Tetanus	(Dose 2 of 5)	<input type="text" value="Date received"/>
Hib*	Haemophilus influenzae type b	(Dose 2 of 4)	<input type="text" value="Date received"/>
PCV15, PCV20	Pneumococcal disease	(Dose 2 of 4)	<input type="text" value="Date received"/>
IPV	Polio	(Dose 2 of 4)	<input type="text" value="Date received"/>
RSV*	Respiratory Syncytial Virus (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)	<input type="text" value="Date received"/>

FOOTNOTES

RV* **Hib***

A third dose at age 6 months may be needed depending on the brand of Hib or rotavirus vaccine used for previous doses. Talk to your child's doctor or healthcare provider for more information.

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 Illinois Department of Public Health's recommended infant vaccination schedule. Contact your healthcare provider or visit <https://dph.illinois.gov/topics-services/prevention-wellness/immunization.html> for more information.

Last Updated: February 2026