



Preventive Health Guidelines for Newborns to 20 years old

Age:	Screening:	Frequency:
<ul style="list-style-type: none"> • Newborn 	“Newborn Screening”* (PKU, Sickle Cell, Hemoglobinopathies, Hypothyroidism, Galectosemia, Congenital Adrenal Hyperplasia)	Once
<ul style="list-style-type: none"> • Birth-24 months old 	Head Circumference	Routinely
<ul style="list-style-type: none"> • Birth -20 years old 	Height and Weight	Routinely
<ul style="list-style-type: none"> • 9-12 months old 	Lead Testing*	Once
<ul style="list-style-type: none"> • 24 months old 	Lead Testing	Once
<ul style="list-style-type: none"> • Birth-24months old 	Hearing Testing	Routinely
<ul style="list-style-type: none"> • 3-20 years old 	Hearing Testing	Periodically
<ul style="list-style-type: none"> • Birth-24 months old 	Eye Screening	Routinely
<ul style="list-style-type: none"> • 3-4 years old 	Eye Screening	Periodically
<ul style="list-style-type: none"> • 11-20 years old 	Eye Screening	Routinely
<ul style="list-style-type: none"> • Younger than 3 years old 	Dental Exam	Periodically

***Newborn Screening and Lead testing recommendations above are consistent with American Academy of Pediatrics and are individual functions of each state. For additional required screenings in your state please consult your local Department of Health.**

References:

Clinical Preventive Services for Children and Adolescents (Birth to 18 years old) recommended by the U.S Preventive Services Task Force.

The immunization schedule is a reprint of the Recommended Childhood and Adolescent Immunization Schedule United State-July-December 2004, approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip/), The American Academy of Pediatrics (www.aap.org) and the American Academy of Family Physicians (www.aafp.org).

Legal Disclaimer:

These clinical preventive guidelines were developed to assist practitioners in making decisions about appropriate health care for specific clinical circumstances. These guidelines are not fixed protocols that must be followed, but are intended for health care professionals and providers to consider. While they generally recommend preventive measures and timeframes, they are not presented as a substitute for the advice of the physician or other knowledgeable health care professional or provider service provider treating the patient. Individual patients may require different screenings and or treatments from those specified in a given guideline. Guidelines are not entirely inclusive or exclusive of all methods of reasonable care that can obtain/produce the same results. While guidelines can be written that take into account variations in clinical settings, resources, or common patient characteristics, they cannot address the unique needs of each patient nor the combination of resources available to a particular community or health care professional or provider. Deviations from suggested clinical prevention measures may be justified by individual circumstances. Thus, these prevention guidelines should be applied based on individual patient needs and are not a substitute for the professional medical judgment of the provider of care.