

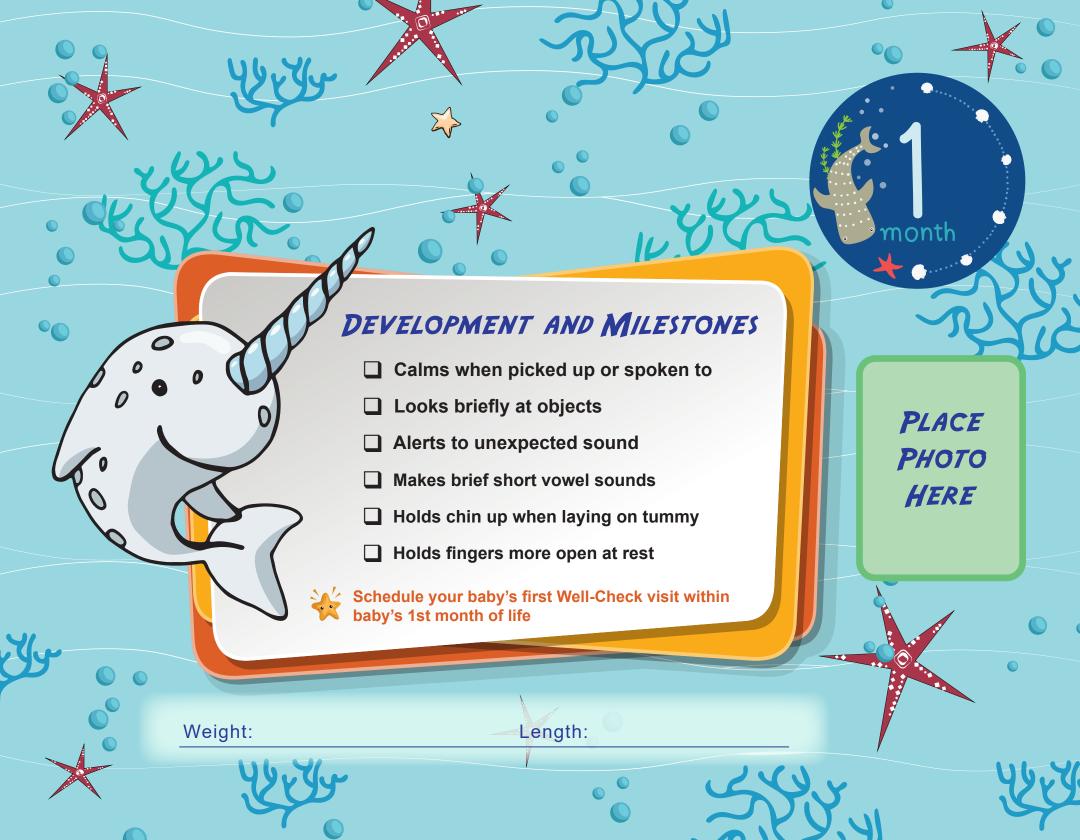
Minnesota Child and Teen Checkups (C&TC)

Schedule of Age-Related Screening Standards 🤆



| C&TC Screening Components by Age | | lr | fan | су | | | E | arly | Chil | ldho | od | |
|---|---------------|---------------|---------|---------|----------|----------|----------|----------|----------|-------------|--------------|------------|
| C&TC Fact Sheet for each component | 0-1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 yrs | 4 yrs |
| Anticipatory guidance & health education | • | • | • | • | • | • | • | • | • | • | • | • |
| Measurements: ■ Head circumference | • | • | • | • | • | • | • | • | • | | | |
| ■ Height and weight | • | • | • | • | • | • | • | • | • | • | • | • |
| ■ Weight for length percentile* | • | • | • | • | • | • | • | • | | | | |
| ■ Body mass index (BMI) percentile | | | | | | | | | • | • | • | • |
| ■ Blood pressure | | | | | | | | | | | • | • |
| Health history, including social determinants of health | • | • | • | • | • | • | • | • | • | • | • | • |
| Developmental, social-emotional, mental health: Surveillance | • | • | • | • | • | • | • | • | • | • | • | • |
| ■ Developmental screening | | | | | R | | | R | | R | R | |
| ■ Social-emotional or mental health screening* | | | | R | | R | | R | R | R | R | R |
| ■ Autism spectrum disorder screening | | | | | | | | R | R | | | |
| ■ Maternal depression screening | R | R | R | R | | - | | | | | | |
| ■ Tobacco, alcohol or drug use risk assessment | | | | | | | | | | | | |
| Physical exam: head to toe, including oral exam and sexual development | • | • | • | • | • | • | • | • | • | • | • | • |
| Immunizations/review | • | • | • | • | • | • | • | • | • | • | • | • |
| Newborn screening follow up: blood spot and critical congenital heart defect |)(| \rightarrow | | | | | | | | | | |
| Laboratory tests/risk assessment: Blood lead test | | | | | ~ | - • - | | ~ | -• | ← lf | not at 24 | done mo |
| ■ Hemoglobin/hematocrit | | | | | ~ | - • - | - | | | | | |
| ■ Tuberculosis | X | | | X | | X | | | X | | X | X |
| ■ Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth | | | | | | | | | | | | |
| ■ HIV screening for all youth at least one time* | | | | | | | | | | | | |
| ■ Dyslipidemia risk assessment* | | | | | | | | | X | | | X |
| Vision screening: distance (3+years) and near (5+years) acuity* | X | X | X | X | X | X | X | X | X | X | • | • |
| Hearing screening: add high frequency screening at 11+ years* |) (| X | X | X | X | X | X | X | X | X | R | • |
| Oral Health Dental Checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age | | | | • | • | • | • | • | • | • | • | • |
| ■ Fluoride varnish application (FVA) starting at eruption of first tooth* | | | | • | • | • | • | • | • | • | • | • |
| All C&TC visits require a HIPAA compliant referral condition code: ST, S2, AV or NU | • | | • | • | • | • | | | | • | • | • |

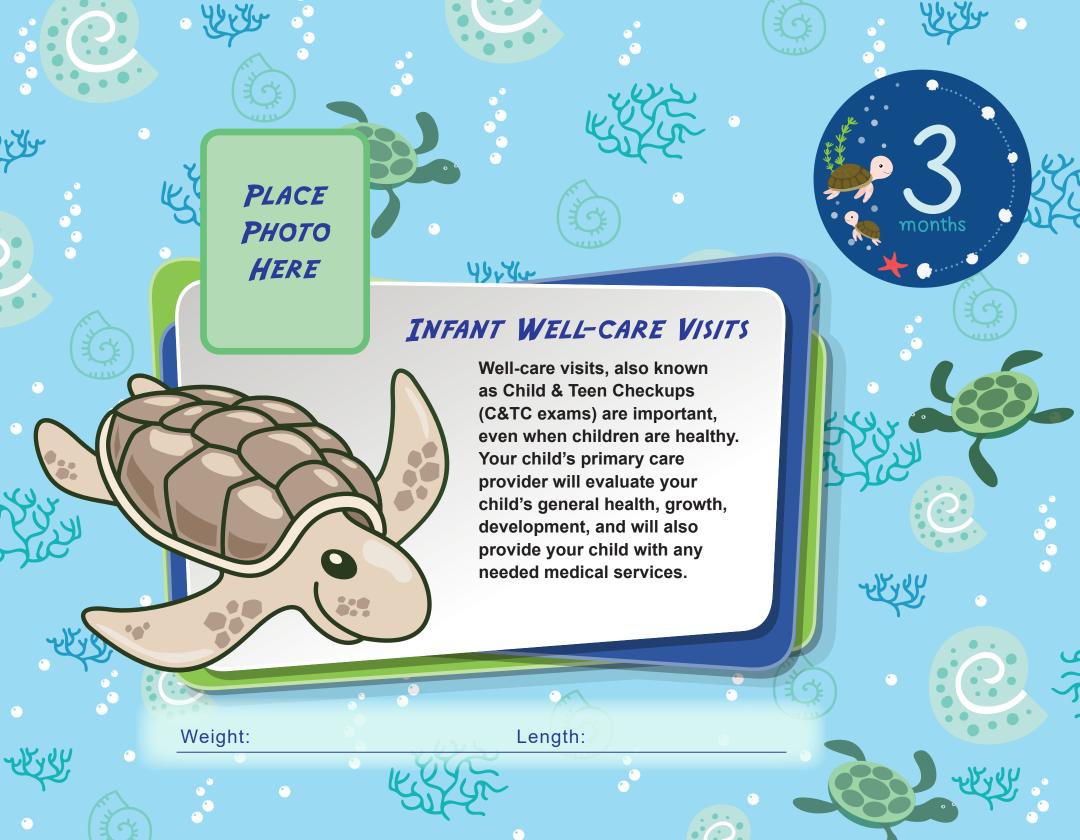




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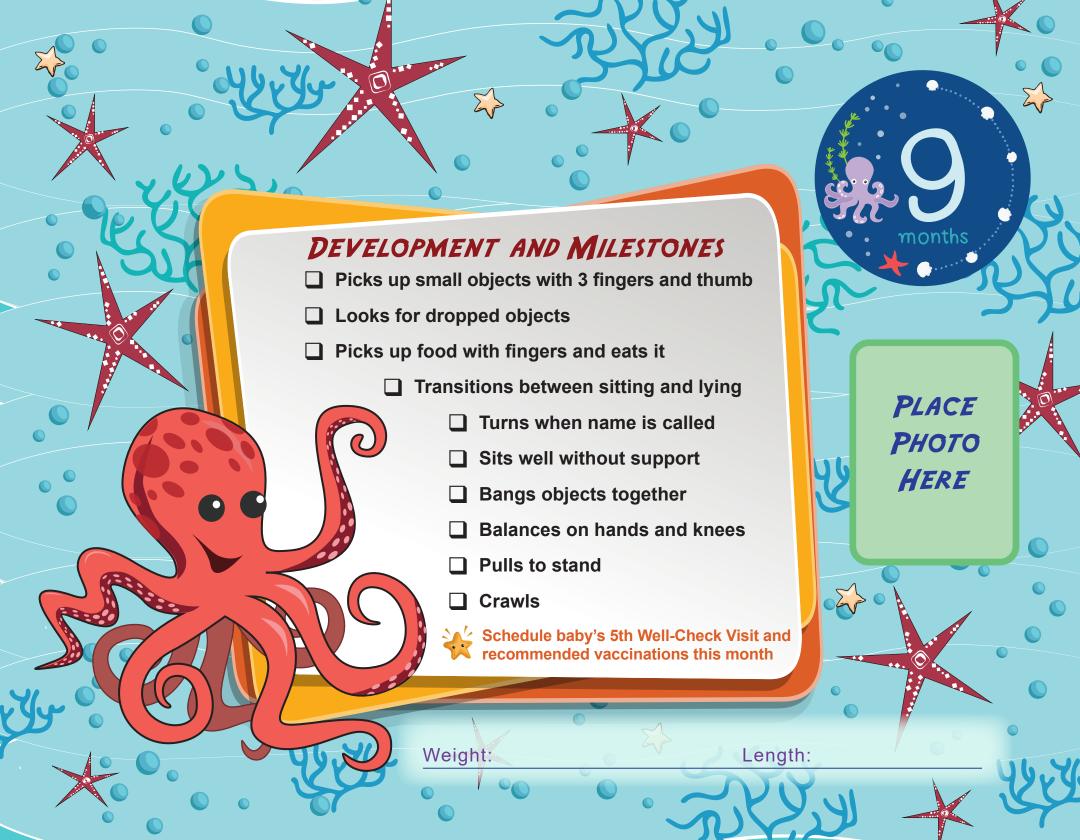
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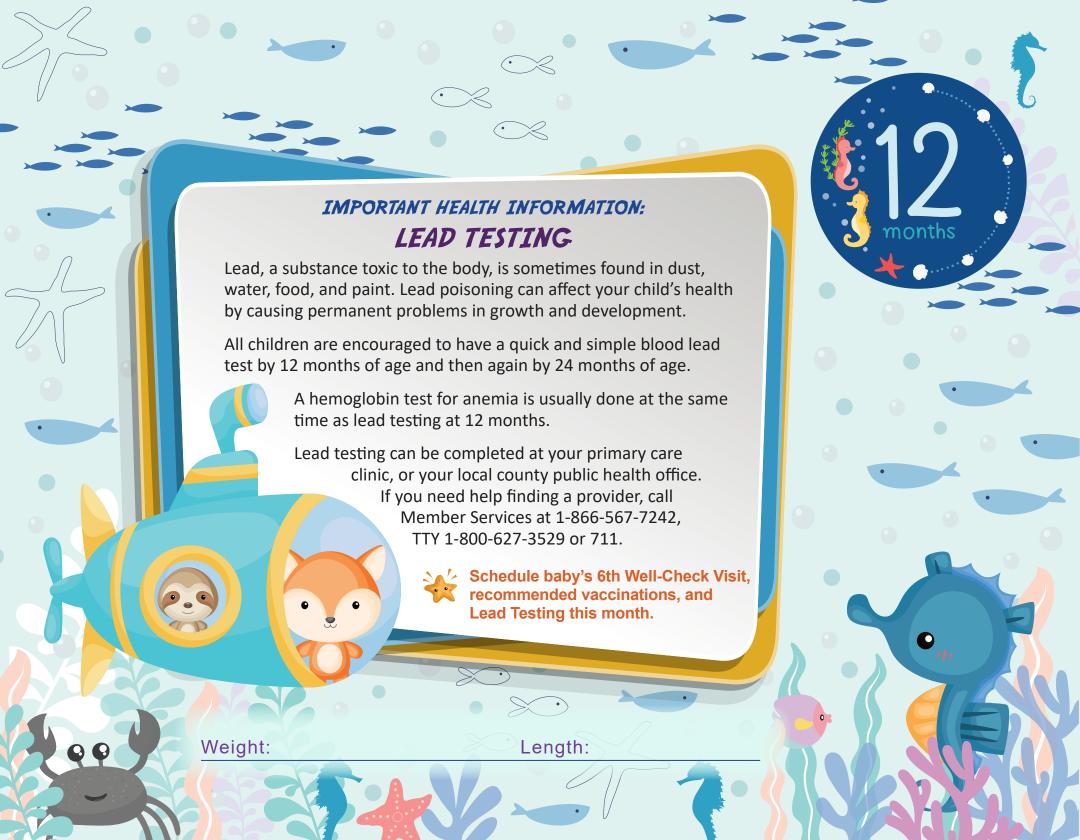




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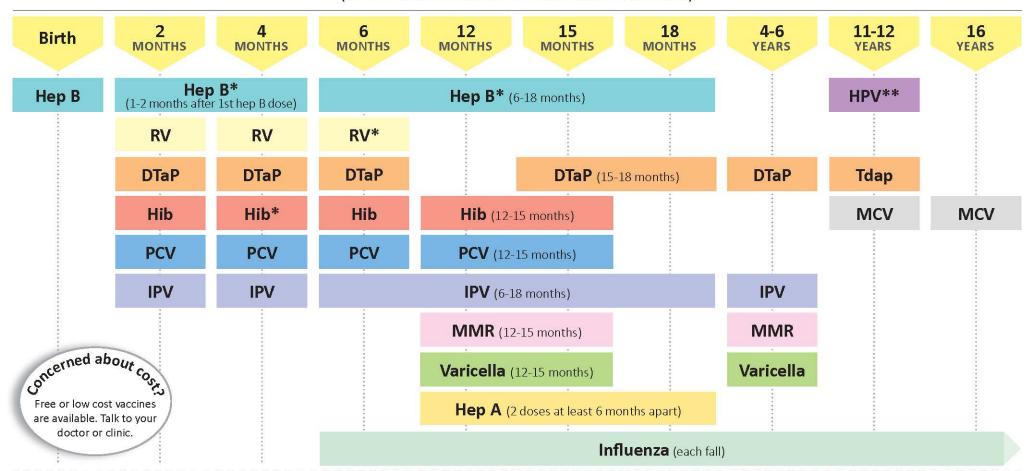
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When to Get Vaccines, Birth to 16 Years

(CDC's Recommended Immunization Schedule)



It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

- *The **number of doses** depends on the product your doctor uses.
- **Two doses for 9 to 14 year olds; three doses for 15 to 26 year olds.

For copies of your child's vaccination records, talk to your doctor. Additional tips for finding records are available at **Find My Immunization Record** (www.health. state.mn.us/people/immunize/miic/records.html) or you can call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

Key to vaccine abbreviations

| DTaP/Td/Tdap = diphtheria, pertussis, tetanus | | Hib = Haemophilus influenzae type b | |
|---|---------------------|-------------------------------------|---------------------|
| Hep B = hepatitis B | Hep A = hepatitis A | IPV = polio | MCV = meningococcal |
| MMR = measles, mumps, rubella | | PCV = pneumococcal | RV = rotavirus |

Immunization Program 651-201-5503 or 1-800-657-3970 www.health.state.mn.us/immunize



QUESTIONS: CALL SOUTH COUNTRY MEMBER SERVICES



1-866-567-7242 * TTY 1-800-627-3529 OR 711

