

# Programa de inmunizaciones infantiles

## INMUNIZACIONES RECOMENDADAS PARA NIÑOS DESDE EL NACIMIENTO HASTA LOS 6 AÑOS DE EDAD

Nombre del niño: \_\_\_\_\_

Nombre del pediatra: \_\_\_\_\_ Número de teléfono del pediatra: \_\_\_\_\_

EDAD	INMUNIZACIÓN	FECHA
<b>Nacimiento</b>	(HepB) Hepatitis B	
<b>1-2 Meses</b>	(HepB) Hepatitis B	
<b>2 Meses</b>	(RV) Rotavirus (DtaP) Difteria, tétanos, y tos ferina acelular (Hib) Haemophilus influenza, tipo b (IPV) Poliovirus inactivado (PCV 13) Conjugado neumocócico	
<b>4 Meses</b>	(RV) Rotavirus (DtaP) Difteria, tétanos, y tos ferina acelular (Hib) Haemophilus influenza, tipo b (IPV) Poliovirus inactivado (PCV13) Conjugado neumocócico	
<b>6 Meses</b>	(RV) Rotavirus (DTaP) Difteria, tétanos, y tos ferina acelular (Hib) Haemophilus influenza, tipo b (PCV 13) Conjugado neumocócico	
<b>6 – 18 Meses</b>	(HepB) Hepatitis B (IPV) Poliovirus inactivado	
<b>6 meses y cada año</b>	Influenza (la gripe)	
<b>12 – 15 Meses</b>	(Hib) Haemophilus influenza, tipo b (PCV13) Conjugado neumocócico (MMR) Sarampión, paperas, rubéola (VAR) Varicela	
<b>12 – 23 Meses</b>	(HepA) Hepatitis A, series de 2 dosis	
<b>15 -18 Meses</b>	(DTaP) Difteria, tétanos, y tos ferina acelular	
<b>4-6 Años</b>	(DTaP) Difteria, tétanos, y tos ferina acelular (IPV) Poliovirus inactivado (MMR) Sarampión, paperas, rubéola (VAR) Varicela	

**Statement of Non-Discrimination.** IlliniCare Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IlliniCare Health does not exclude people or treat them differently based on race, color, national origin, age, disability, or sex.

IlliniCare Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters, and information written in other languages

If you need these services, contact IlliniCare Health at 1-866-329-4701 (TTY/TDD 1-866-811-2452).

If you believe that IlliniCare Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Complaints and Grievances Coordination, 999 Oakmont Plaza Drive, Suite 400, Westmont, IL 60559, 1-866-329-4701 (TTY/TDD 1-866-811-2452), Fax 1-877-668-2076. You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, IlliniCare Health is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-329-4701 (TTY: 1-866-811-2452).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-329-4701 (TTY: 1-866-811-2452).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-329-4701 (TTY: 1-866-811-2452).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-329-4701 (TTY: 1-866-811-2452)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-329-4701 (TTY: 1-866-811-2452) 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-329-4701 (TTY: 1-866-811-2452).
Arabic	رقم 1-866-329-4701 ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-811-2452. (هاتف الصم والبكم)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-329-4701 (телетайп: 1-866-811-2452).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-329-4701 (TTY: 1-866-811-2452).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-329-4701 (TTY: 1-866-811-2452)۔
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-329-4701 (TTY: 1-866-811-2452).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-329-4701 (TTY: 1-866-811-2452).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-329-4701 (TTY: 1-866-811-2452) पर कॉल करें।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-329-4701 (ATS: 1-866-811-2452).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-329-4701 (TTY: 1-866-811-2452).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-329-4701 (TTY: 1-866-811-2452).