

# 2010 Walk-In Clinic Schedule

## Neillsville

Every Monday

**Time:**

2:30-4:00pm

**Place:**

Courthouse-1st  
Floor North Side  
Room 105

## Greenwood

1st Wednesday of  
every month

**Time:**

5:30-6:30pm

**Place:**

Greenwood Fire  
Hall

## Owen

3rd Monday of  
every month

**Time:**

5:30-6:30pm

**Place:**

Clark Co. Health  
Care Center  
(Auditorium-  
Visitors entrance)

## Abbotsford

1st Thursday of  
every month

**Time:**

5:30-6:30pm

**Place:**

Abbotsford City  
Hall

## Lynn

**Time:** 3:30-4:30

<b>Jan:</b>	<b>Mar:</b>	<b>May:</b>
20	17	19

**Place:**

Lynn Town Hall

<b>July:</b>	<b>Sept:</b>	<b>Nov:</b>
21	15	17

CLINICS FALLING ON A HOLIDAY WILL BE  
CANCELLED!

Clark County Health Department  
also provides these services:

FLUORIDE RINSE

FLUORIDE VARNISH

BREASTFEEDING INFORMATION

VISION AND HEARING SCREENINGS

PRENATAL CARE COORDINATION

FIRST BREATH

QUIT LINE

WISCONSIN WELL WOMAN PROGRAM

LEAD TESTING

RADON TESTING

BLOOD PRESSURE CHECKS

IMMUNIZATIONS

POSTPARTUM/NEWBORN  
COORDINATION

CHILDREN AND YOUTH WITH SPECIAL  
HEALTH CARE NEEDS

REPRODUCTIVE HEALTH

SCHOOL NURSING

WATER TESTING

# Clark County Health Department

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Courthouse-First Floor  
North Side  
517 Court Street, Room 105  
Neillsville, WI 54456  
(715) 743-5105

## IMMUNIZATIONS

**2010**

### SUGGESTED PRIMARY IMMUNIZATION SCHEDULE

DTap & Hib & Polio & Hep B & Rotovirus.....2 months  
 DTap & Hib & Polio & Hep B & Rotovirus.....4 months  
 DTap & Hib & Polio & Rotovirus.....6-12 months  
 Hib & MMR & Hep B & Varicella.....12-15 months  
 MMR & DTaP & Hep A\* .....12-18 months  
 MMR & DTaP & Polio & Varicella.....Prior to Kindergarten  
 Pneumococcal.....2-23 months  
 Meningococcal.....11yrs to college freshman  
 HPV.....Females 11-18yrs/ 3 dose series  
 \* Hep A 2nd dose.....Required at least six months apart

\*Adult Hepatitis B Vaccination \$40.00\*  
 \*Adult Hepatitis A Vaccination \$40.00\*  
 \*Adult Hepatitis A/B Vaccination \$50.00\*  
 \*Adult Seasonal Influenza \$20.00\*  
 \*Zostavax (Shingles) Vaccination \$160.00\*  
 \*Pneumovax Vaccination \$40.00\*  
 \*TB Skin Test \$10.00\*

(if you are on Medical Assistance (MA) or are MA

\*\*\*\*\* SUGGESTED \$200-\$500 DONATION PER VACCINE\*\*\*\*\*

Age/Grade	Number of Doses					
	DTP/DTaP/DT	Tdap	Polio	Hep B	MMR	Var
Pre K (2-4 yrs)	4 DTP/DTaP/DT		3 Polio	3 Hep B	1 MMR <sub>5</sub>	1 Var <sub>6</sub>
Grade K and 1	4 DTP/DTaP/DT/Td <sub>1</sub>		4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	2 Var <sub>6</sub>
Grade 2-5	4 DTP/DTaP/DT/Td <sub>2</sub>		4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	1 Var <sub>6</sub>
Grade 6 & 7	4 DTP/DTaP/DT/Td <sub>2</sub>	1 Tdap <sub>3</sub>	4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	2 Var <sub>6</sub>
Grade 8	4 DTP/DTaP/DT/Td <sub>2</sub>		4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	1 Var <sub>6</sub>
Grade 9 & 10	4 DTP/DTaP/DT/Td <sub>2</sub>	1 Tdap <sub>3</sub>	4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	1 Var <sub>6</sub>
Grade 11	4 DTP/DTaP/DT/Td <sub>2</sub>		4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	1 Var <sub>6</sub>
Grade 12	4 DTP/DTaP/DT/Td <sub>2</sub>	1 Tdap <sub>3</sub>	4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	2 Var <sub>6</sub>

School Immunization Law 2009-2010

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for students entering grades 1 through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable