

2-Year Immunizations

To stay healthy, it's important for your child to receive all of the recommended immunizations or "shots" on schedule.

Stay up-to-date and be rewarded!

By age 24-months, your child is due to have received certain shots. Set up your child's 24-month doctor's appointment now so you are sure your child is on the right track for good health.

Receive your reward

Bring the attached voucher to your child's appointment and have the doctor or nurse fill it out. Then mail it to South Country Health Alliance to receive your gift card!

Recommended immunizations by 24-months of age:

- DTP; 4 doses
- Polio (IPV); 3 doses
- MMR; 1 dose
- Hib; 4 doses
- HBV (HepB); 3 doses
- Varicella; 1 dose
- PCV; 4 doses
- HepA; 2 doses
- Rotavirus; 3 doses

- **Remember:** all children and teens should have a Well-Care checkup every year

SOUTH COUNTRY
HEALTH ALLIANCE



Be Rewarded™ Immunizations Voucher

To be completed by the provider:

Is this patient current on all recommended immunizations? ☐ Yes ☐ No

Clinic: _____ Clinic Phone: _____

Child's Name: _____ SCH A ID#: _____

Date of Birth: _____

Provider Signature: _____ Date: _____

Children who are current SCH A members and who are up-to-date on all immunizations recommended by 24 months of age can receive a \$25 gift card when you redeem this voucher.

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- Polio (IPV); 3 doses
- MMR; 1 dose
- Hib; 4 doses
- HBV (HepB); 3 doses
- Varicella; 1 dose
- PCV; 4 doses
- HepA; 2 doses
- Rotavirus; 3 doses

**Child must be enrolled with SCH A on the date of service. Voucher expires 30 days after date of service.*

Take Charge![™] and Be Rewarded[™]

Health or Wellness or
Prevention Information

Attention: For free help translating this information, call Member Services between 8am-8pm, Mon-Fri.: **1-866-567-7242** or **TTY 711**

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់: បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງໂທຮຕາມເລກໂທຮທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

This information is available in other forms to people with disabilities by calling 1-866-567-7242 (toll-free) or 711 (TTY for the hearing impaired), or through the Minnesota Relay at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).

1B5-0013 (10-09)



**To receive your reward,
complete and mail this voucher to:**
South Country Health Alliance, Attn: Health Promotions
2300 Park Drive, Suite 100, Owatonna, MN 55060

SOUTH COUNTRY
HEALTH ALLIANCE

Member Services:
8am-8pm, Mon-Fri
1-866-567-7242
TTY 711
Fax: 507-444-7774

Please tell us where to send your reward*:

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

*Please allow 4 weeks for receipt of reward