



# Weiss Pediatric Care

2201 Cantu Court, #117 Sarasota, FL 34232 | P: 941-552-8341 | F: 941-487-8025 | weisspediatriccare.com

## IMMUNIZATION POLICY & AGREEMENT

- We strongly believe all children and young adults should receive all of the recommended vaccines according to the schedule published by the Center for Disease Control and Prevention and by the American Academy of Pediatrics.
- We strongly believe in the effectiveness of vaccines to prevent serious illnesses and save lives.
- We strongly believe in the safety of vaccines.

We respect the right of all parents/guardians to make decisions about their children's health. We recognize the choice to vaccinate may be an emotional one. We understand that you also want what is best for your children.

We encourage all our patients to understand the safety and effectiveness of vaccines. We will help to educate you on vaccines and ease your concerns.

**To ensure the safety of our patients, we will not treat children who are unvaccinated. We will not amend the recommended schedule of vaccines by delaying or splitting. We will not accept new patients who have chosen not to vaccinate.**

If you feel that you cannot adhere to the expert recommended vaccine schedule, we ask that you find another health care provider.

By signing below, I understand and agree to follow Weiss Pediatric Care's Immunization Policy by completing all required vaccines **in accordance with the timing and schedule published by the American Academy of Pediatrics and the Centers for Disease Control.**

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Legal Guardian  
Please print

\_\_\_\_\_  
Parent/Legal Guardian  
Signature

*Over for Immunization Schedule* →



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<b>AGE</b>	<b>IMMUNIZATION SCHEDULE</b>
<b>BIRTH</b>	Hepatitis B (given in hospital or at first office visit)
<b>2 MONTHS</b>	DTaP-IPV-HIB-Hep B (one injection), Pneumococcal, Rotavirus
<b>4 MONTHS</b>	DTaP-IPV-HIB-Hep B (one injection), Pneumococcal, Rotavirus
<b>6 MONTHS</b>	DTaP-IPV-HIB-Hep B (one injection), Pneumococcal, Rotavirus
<b>12 MONTHS</b>	MMR, Varicella, Pneumococcal, HIB
<b>15 MONTHS</b>	DTaP, Hepatitis A
<b>2 YEARS</b>	Hepatitis A
<b>4 YEARS</b>	MMR-Varicella, DTaP-IPV
<b>11 YEARS</b>	HPV series (2 immunizations over 6-month period), Meningococcal ACWY, Tdap
<b>16 YEARS</b>	Meningococcal ACWY, Meningococcal MenB (2 immunizations over 1-month period)
<b>19 Years</b>	Tdap Booster
<b>MULTI-AGES</b>	Influenza (over 6 months of age; administered annually), COVID-19 Pfizer-Biontech 5 years and older, COVID-19 Moderna 6 months-4 years

## **Immunization Key:**

**DTaP** - Diphtheria, Tetanus, Pertussis

**IPV** - Inactivated Polio

**HIB** - Haemophilus Influenza

**Hep B**- Hepatitis B

**Pneumococcal** - Pneumonia

**MMR** - Measles, Mumps, Rubella

**Varicella** - Chicken Pox

**HPV** - Human Papillomavirus