



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 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.**

Patient's Name

Today's Date

Parent/Legal Guardian
Please print

Parent/Legal Guardian
Signature



	IMMUNIZATION SCHEDULE
BIRTH	Hepatitis B (given in hospital or at first office visit)
2 MONTHS	DTaP-IPV-HIB-Hep B (one injection), Pneumococcal, Rotavirus
4 MONTHS	DTaP-IPV-HIB-Hep B (one injection), Pneumococcal, Rotavirus
6 MONTHS	DTaP-IPV-HIB-Hep B (one injection), Pneumococcal, Rotavirus
12 MONTHS	MMR, Varicella, Pneumococcal, HIB
15 MONTHS	DTaP, Hepatitis A*
2 YEARS	Hepatitis A *
4 YEARS	MMR-Varicella, DTaP-IPV
9-11 YEARS	HPV series *(2 immunizations over 6-month period)
11 YEARS	Meningococcal ACWY*, Tdap
16 YEARS	Meningococcal ACWY, Meningococcal MenB * (2 immunizations 6 months apart)
19 Years	Tdap Booster
MULTI-AGES *	Influenza (over 6 months of age; administered annually)

*AAP Recommended: currently not mandatory for school

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
Tdap	Tetanus, Diphtheria, Pertussis