

Lovenheim Pediatrics

Vaccine Policy Acknowledgement

Patient's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

EFFECTIVE 06/1/19 OUR NEW VACCINE POLICY WILL BE AS FOLLOWS

All patients must receive all recommended vaccines according to the Centers for Disease Control/American Academy of Pediatrics vaccine schedule unless there is a medical contraindication. Parents/Guardians/Patients will have 30-days after being informed of this policy verbally and in writing to find another health care provider.

New Patients

- We will not accept new patients whose parents choose not to vaccinate their children.
- Parents of newborns who refuse the Vitamin K shot upon birth will not be accepted into our practice and can be seen and followed up by the hospital pediatric service .

Established Patients

- Established patients who are unvaccinated and whose parents continue to refuse vaccines will be required to find another pediatric health care provider after discussion at their next visit or by phone call from our office. This will allow them to find a new pediatric provider before 9/1/19.
- Parents/guardians, of established patients who have a newborn, will be given until the 4 month checkup to initiate vaccines. If vaccines are not initiated at that time, patients will be required to find another pediatric health care provider.

Alternative Vaccine Schedules

- We do not recommend alternative vaccine schedules.
- For parents who chose alternative schedules, the recommended vaccines will be discussed, and the parents will decide on a schedule, with the goal that children will be fully vaccinated.
- A vaccine may not be delayed more than 6 months from its recommended time to be given, unless there is a medical contraindication.
- Parents who choose alternative schedules must always inform health care providers that their child is not fully immunized when calling for medical advice or being seen in all settings. Under-immunized children may require isolation, immediate attention, or tests that might not be necessary if a child is fully-vaccinated.

Optional Vaccines

- Although we strongly encourage all vaccines to be given as scheduled, we will allow the following vaccines to remain optional but highly recommended:
 - Hepatitis A, Human Papilloma Virus (HPV), Influenza, Meningococcal B, and Rotavirus

_____ I have read the above policy agree to comply with the recommended vaccine schedules published by the Centers for Disease Control and the American Academy of Pediatrics.

_____ I have had the opportunity to discuss the recommended vaccines with my pediatrician and I understand the risks and benefits of the recommended vaccines.

Parent/Guardian Signature

Date

Effective Date:

Revised Date: