



ABC Pediatrics' Vaccination Policy

We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives. We firmly believe in the safety of our vaccines. We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics. We firmly believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities. We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as healthcare providers, and that you can perform as parents/caregivers. The recommended vaccines and the vaccine schedule are the results of years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

Because we are committed to protecting the health of your child through vaccination, we strongly recommend that all of our patients be vaccinated. We promote the practice of vaccination that protects a child directly from disease as well as protecting the child's community through exposure from vaccine preventable diseases. It is the goal and expectation of ABC Pediatrics that all Infants/toddlers will receive all appropriate recommended vaccines by two years of age. It is the goal and expectation of ABC Pediatrics that all children will receive additional recommended booster doses by the time they are seven years old, and will be given recommended 11-12 year pre-adolescent vaccinations by the time they are 13 years old. It is the goal and expectation of ABC Pediatrics that we will complete 16 year old adolescent vaccinations before each adolescent's 17th birthday. It is the goal and expectation of ABC Pediatrics that your child receive an annual influenza vaccination.

We recognize that there is and will likely always be controversy surrounding vaccination. As a parent, you rightly bear the primary responsibility for your child's health. We recognize the importance of your parental authority in directing and managing the healthcare for your child's health. Our goal is to provide you with informed consent while working with you to promote the health of your child throughout their life.

We respect your right as a parent. However, this right comes with significant consequences such as limited access to care depending upon disease changes in our community. Making a decision not to vaccinate must also be accompanied by a commitment to take necessary precautions to lessen disease transmission for those vulnerable individuals who cannot be vaccinated.

If you decide to refuse to vaccinate, you will be asked to sign a vaccine refusal form for each refused vaccine. This refusal will be reviewed by your child's Primary Care Provider to ensure thorough discussion of each vaccine, the risks of not being vaccinated to include the risks to the individual and to the community and discussion of parental concerns.

I have read and understand the above document and have been given the opportunity to ask questions and have those questions answered. By my signature below, I agree with this policy.

Patient Name: _____ **Patient Number :** _____

Patient/Guardian Printed Name: _____

Patient/Guardian Signature: _____ **Date:** _____