Allied Pediatrics

Recommended Vaccine Schedule

Providers at Allied Pediatrics strongly believe that vaccines save lives and are proponents of preventative medicine

Patient Name:		DOB:	-
Parent Signature:		Date Signed:	
2 month well check*	Hib, Pediarix (dtap, hep B, polio), Prevnar	, Rotarix (oral)	
4 month*	Hib, Pediarix (dtap, hep B, polio), Prevnar	, Rotarix (oral)	
6 month*	Hib, Pediarix (dtap, hep B, polio), Prevnar		
9 month*	No vaccines		
12 month*	Hep A, MMR, Prevnar, Varivax		
15 month*	Dtap, Hib		
18 month*	Нер А		
4 year well check*	Kinrix (Dtap, polio), MMR, Varivax		
The * denotes regular well-che	ecks. The visits in between are for vaccinations only a	and will require a scheduled appointment with a co-pay.	
Allied Pediatrics recognizes that	at some parents have concerns about the recommen	ded vaccine schedule,	
even though we fully support	the recommended CDC/AAP schedule - this is how w	e can support you.	
Once this schedule is agreed o	n and signed by the parent/guardian, it will be a perr	manent part of the patients chart and no deviations will be allowed.	
Patients who do not receive va	accinations according to the recommended schedule	can contract the illnesses that vaccinations prevent and can transmit	
the illnessess to others who m	ay be too young to vaccinate or who may have immu	une problems.	
If your child is not fully vaccina	ted against a particular disease and there is an outb	reak of that illness, your child may be required to stay home	
from school or daycare until th	ne outbreak is over.		