

# *Partners in Pediatrics, LLC*

## **Immunization Policy**

**Patient Name** \_\_\_\_\_ **MRN** \_\_\_\_\_

1. *Partners in Pediatrics, LLC* expects all children to be vaccinated and to receive their immunizations at the appropriate ages.
2. All children must receive all vaccines recommended by the American Academy of Pediatrics (AAP) that are mandated for school entry by the State of Alabama.
3. We fervently recommend utilizing the immunization schedule as determined by the AAP and the Centers for Disease Control and Prevention (CDC).
4. The Influenza vaccine is strongly recommended for all children and teens annually.
5. The Gardasil vaccine series is approved and strongly recommended for older children and teens, ideally between the ages of 11-13.

Our providers welcome discussion about *Partners in Pediatrics, LLC* immunization policy with any of our families. We hope that you understand we have devised our policy to protect children, their families and our communities from diseases and potential death by administering safe and effective vaccines in a reasonable, organized and practical way. If you need a copy of the recommended immunization schedule, you can find it on our website under Immunizations or request one from the office.

By signing below, I agree to follow the immunization policy of *Partners in Pediatrics, LLC*.

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Date**