

Vaccine Policy Statement



Patient's Name: _____

Date of Birth: _____

We strongly agree with the American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC) that vaccines help to maintain healthy children and communities. As medical professionals, **we feel that vaccinating children following the recommended schedule with currently available vaccines is absolutely the right thing to do for all children and young adults.** We firmly believe that:

- Vaccines prevent serious illness and save lives.
- Vaccines are safe.
- Vaccines DO NOT cause autism or other developmental disabilities.
- Vaccines may be the single most important intervention we perform as healthcare providers.

Our policy at Latham Pediatrics is that:

- We follow the American Academy of Pediatrics (AAP) Immunization Guideline and CDC Immunization Schedule
- **We require all patients to be vaccinated-** barring specific medical exceptions (immunodeficiency, etc.)
- If despite our recommendations, you refuse to vaccinate your child, we ask you to find another healthcare provider who shares your views.

Please recognize that by not vaccinating, you are putting your child and others around you at unnecessary risk for life threatening illness, disability, and even death.

ATTESTATION:

I agree with the vaccine policy of Latham Pediatrics. My child will be vaccinated: YES No

Parent/Guardian Signature

Date

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