



Immunization Compliance Form

Immunization Policy:

- It is a requirement for patients of First Choice Pediatrics to be up to date with immunizations. We immunize our pediatric patients, travelers, staff, and parents of patients. Necessary vaccines can range anywhere from mandatory childhood vaccines to specific travelers shots and flu shots.
- More importantly, First Choice Pediatrics believes that vaccines give protection to children, can save a life, and prevent disability from certain diseases. Therefore, immunization status will be verified at every visit and an opportunity to catch up on any missed immunizations will be given. All patients shall be informed of the immunizations they will be receiving.
- **If any patient is found to be missing mandatory immunizations a catch up schedule will be implemented from the first appointment on.** If any infant patient has not had any immunizations we will allow a grace period from 2 months of age only up to 4 months of age where the parent has to sign a refusal for the vaccines & provide the reason for skipping or postponing vaccines. By 4 months of age the patient **MUST** receive at least one vaccine and follow through with the catch up schedule thereafter. Likewise, this policy applies to older patients who have no immunizations or are missing immunizations.
- Parents of patients will be informed of the proper schedules to catch up with immunizations which could require consecutive appointments possibly being scheduled every 2 weeks. Refusal to comply with our immunization policy or failure to show up to appointments for catching up on immunizations as proposed by the given catch up schedule could result in dismissal from the practice.

Acknowledgement:

By signing below, I certify the following statements are true:

- I am the patient or the patient's parent/legal guardian signing on behalf of the patient.
- I have read, understand, and agree to all statements and policies on this form including the maximum 2 months of age to 4 months of age grace period for having my child immunized. If I have withheld vaccines for my child up to this point, I have decided that from my child's first appointment on I will be compliant with the immunization catch-up schedule. I understand failure to comply with the policy may constitute grounds for dismissal from the practice.

Patient Name

Date of Birth

Signature of Patient/Parent/Legal Guardian

Print Name of Patient/Parent/Legal Guardian

Date

Witness Signature