Lansing Pediatric Associates Vaccine Policy Statement

Patient Name: _____ Birth Date: _____
Patient Name: _____ Birth Date: _____
Patient Name: _____ Birth Date: _____
Patient Name: _____ Birth Date: _____

List all children that are current patients at Lansing Pediatric Associates

At Lansing Pediatric Associates, we pride ourselves on providing comprehensive, compassionate, and quality care to our patients in the community. We truly believe that vaccinating children and teens to prevent them from acquiring life-threatening diseases is one of the most important services that we offer to our patients.

We recognize that the choice may be a very emotional one for some parents. However, the decision not to immunize affects not just the health of an individual child, but the health and well-being of other children and adults. The decision not to immunize a child requires parents to accept the risk that their child, or others, could suffer serious illness or death from of a vaccine-preventable disease.

As healthcare providers, we know based on medical data that the benefits of immunizing children and adolescents far outweighs any perceived or unproven risks of harm.

We can't accept the risk that unimmunized or under-immunized children or teens pose to other children and their families in our practice and in our communities. Therefore, we have revised our Lansing Pediatric Associates vaccine policy based on the recommendations of the American Academy of Pediatrics (AAP).

Effective February 1, 2019 Lansing Pediatric Associates will no longer be accepting new patients who have decided against properly vaccinating their children as outlined above. Additionally, families that have chosen an alternative vaccine schedule, immunizations must be started by 3 months of age, be up to date by 2 years of age, and continued per recommendations above.

Thank you for your time in reading this policy, and please feel free to discuss any questions or concerns you may have about vaccines with any one of us.

I understand that the providers of Lansing Pediatric Associates provide immunizations according to the recommended AAP schedule. I understand that if I choose to refuse or delay immunizations, as outlined above, I will be asked to select another pediatric office.

_____ _____

Parent/Guardian Signature Date