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**Congratulations on your new baby!**

Baby's Due Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Delivering Physician: \_\_\_\_\_ Place of Delivery: \_\_\_\_\_

Is this your first baby? Yes or No

Do you have other children that are currently patients of West Alabama Pediatrics? Yes or No

If so: Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

**Demographics:**

Mother/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian Phone #: \_\_\_\_\_ Mother/Guardian Email: \_\_\_\_\_

Mother/Guardian Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy No: \_\_\_\_\_ Group No: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Father/Guardian name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Father/Guardian Phone #: \_\_\_\_\_

**Child's Insurance if different from Mother's Insurance:** \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Policy No: \_\_\_\_\_ Group No: \_\_\_\_\_ Effective Date: \_\_\_\_\_

The physicians of West Alabama Pediatrics recommend vaccines according to the (AAP) American Academy of Pediatrics, and (CDC) Center for Disease Control Immunization Schedule.

Please review & sign the WAP Vaccination Pledge.

Do you plan to vaccinate your child in accordance with this schedule? Yes or No

**Approved or Denied: Date** \_\_\_\_\_ **Applicant Notified: Date** \_\_\_\_\_

# WEST ALABAMA PEDIATRICS

## VACCINATION PLEDGE

West Alabama Pediatrics believes that every child has the right to the opportunity of a healthy life and vaccines are one of the best ways to assure it. Routine vaccines are the most effective way to ensure that kids have a bright future with the ability to achieve their full potentials. WAP only offers vaccines that have been proven to be safe and effective. All vaccines we provide have been approved by the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices (ACIP) and the Center for Disease Control (CDC) along with a recommended schedule of administration.

Join us to protect our children from preventable diseases!!!!

I pledge my support and intent to fully vaccinate my child according to the recommended schedule of the AAP/ACIP/CDC.

I acknowledge & consent that my child's immunizations will be shared with the Alabama State Immunization Registry.

I also acknowledge that if at any time I decide not to vaccinate my child according to this schedule, I am choosing to transfer my child from West Alabama Pediatrics to a physician that shares my views.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_

# WEST ALABAMA PEDIATRICS CHECK-UP & IMMUNIZATION SCHEDULE

| AGE                     | VACCINES                                                                               |
|-------------------------|----------------------------------------------------------------------------------------|
| Birth                   | HBV (Given in the hospital before discharge)                                           |
| 3-5 Day                 | Newborn follow up                                                                      |
| 2 Weeks                 | No vaccines                                                                            |
| 2 Months                | Vaxelis (Dtap/IPV/HBV/HIB), PCV15, Rotateq (Interval - 8 weeks)                        |
| 4 Months                | Vaxelis (Dtap/IPV/HBV/HIB), PCV15, Rotateq (Interval - 8 weeks)                        |
| 6 Months                | Vaxelis (Dtap/IPV/HBV/HIB), PCV15, Rotateq (Interval - 8 weeks) (MUST BE 6 MONTHS OLD) |
| 9 Months                | No vaccines                                                                            |
| 12 Months               | PCV15, Varivax, MMR (MUST BE 12 MONTHS OLD)                                            |
| 15 Months               | Pentacel (Dtap/IPV/HIB), Hep A                                                         |
| 18 Months               | No vaccines                                                                            |
| 2 Years<br>(24 Months)  | Hep A (Must be 6 months from 1 <sup>st</sup> Hep A)                                    |
| 2 ½ Years<br>(30 Month) | No vaccines                                                                            |
| 3 Years                 | No vaccines                                                                            |
| 4 Years                 | Quadracel (Dtap/IPV), ProQuad (Varicella, MMR)- (MUST BE 4 YEARS OLD)                  |
| 5 Years                 | No vaccines                                                                            |
| 6-8 Years               | No vaccines                                                                            |
| 9-10 Years              | Gardasil 9                                                                             |
| 11 Years                | MenQuadfi (Men A,C,W,Y), Adacel (Tdap), Gardasil 9 if needed                           |
| 12-15 Years             | Gardasil 9 if needed                                                                   |
| 16 Years                | MenQuadfi (Men A,C,W,Y), Bexsero (MUST BE 16 YEARS OLD)                                |
| 17-18 Years             | Farewell visit, Boosters if needed                                                     |

**\* We recommend Influenza & Covid-19 Vaccines.**

- \* HBV- Hepatitis B vaccine
- \* Dtap- Diphtheria, Tetanus & Acellular Pertussis vaccine
- \* HIB- Haemophilus influenza type B vaccine
- \* IPV- Polio vaccine
- \* PCV15- Pneumococcal 15
- \* Hep A- Hepatitis A vaccine
- \* Varivax- Varicella (Chickenpox) vaccine
- \* MMR- Measles, Mumps & Rubella vaccine
- \* ProQuad- Varicella, MMR
- \* Tdap- Tetanus, Diphtheria, & Acellular Pertussis booster
- \* Menveo- Meningococcal A,C,W,&Y
- \* Gardasil 9 - Ages 11-14, \*1<sup>st</sup> dose, \*2nd dose - 6 mo. after 1st dose
- \* Gardasil 9 - Ages 15 yrs and up, \*1st dose, \*2nd dose - 2 mo. after 1st dose, \*3rd dose- 6 mo. after 1st dose
- \* Bexsero – Meningococcal Group B (Booster is 6 months after 1<sup>st</sup>)