



Beacon Pediatrics Vaccine Policy

At Beacon Pediatrics we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We are more than willing to discuss any questions you may have about vaccines, but do require all new patients to our practice to adhere to the vaccination schedule endorsed by the American Academy of Pediatrics (AAP)

- We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.
- We firmly believe in the safety of vaccines.
- We firmly believe that all children and young adults should receive all the recommended vaccines according to the schedule published by the American Academy of Pediatrics (AAP).
- We firmly believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities.
- We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities.
- We firmly believe that vaccinating children and young adults may be the single most important health promoting intervention we perform as health care providers, and that you can support as parents/caregivers.

To remain a patient in good standing with Beacon Pediatrics, you agree to:

- Comply with the vaccines listed in the current AAP schedule and recommended by your Beacon Pediatrics providers. This includes diphtheria, hepatitis A, hepatitis B, Hib, HPV, meningococcal, MMR, pertussis, pneumococcal, polio, rotavirus, tetanus, and varicella. Beacon Pediatrics does not provide personal exemptions from vaccination.
- Comply with the vaccine schedule recommended by the AAP and your Beacon Pediatrics provider. Comply with the CDC catch-up schedule if your child is behind on vaccines. Beacon Pediatrics does not delay, space out, or skip vaccines.

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

Patient Signature (if 18+): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____