KIDS COVE
PEDIATRICS

Vaccine Policy

We require all patients adhere to the vaccination schedule endorsed by the American Academy of Pediatrics.

Kids Cove Pediatrics requires meningitis and HPV vaccines. ____ Initial Here

We stand firm in our knowledge that vaccines are safe and effective and absolutely the right thing to do for all children and young adults.

We do not offer an alternate schedule or spacing of vaccines. _____ Initial Here

Consent for Vaccination

By signing this document, you acknowledge and consent to all required vaccines recommended by Kids Cove Pediatrics listed below on our Consent for Vaccination Form.

2 Months – **Pediarix** (DTap, Polio, Hep B), **Hiberix** (haemophiles influenza type B), **Vaxneuvance** (pneumococcal 15), **Rotarix** (Rotavirus types G3, G4, G9)
4 Months – **Pediarix** (DTap, Polio, Hep B), **Hiberix** (haemophiles influenza type B), **Vaxneuvance** (pneumococcal 15), **Rotarix** (Rotavirus types G3, G4, G9)
6 Months – **Pediarix** (DTap, Polio, Hep B), **Hiberix** (haemophiles influenza type B), **Vaxneuvance** (pneumococcal 15)
12 Months – **Priorix** (MMR), **Varivax** (Varicella), **Havrix** (Hep A), **Vaxneuvance** (pneumococcal 15)
15 Months – **Infanrix** (DTap), **Hiberix** (haemophiles influenza type B)
18 Months – **Havrix** (Hep A)
4 years – **Proquad** (MMR and Varicella combo), **Kinrix** (DTap and Polio combo)
11 years – **Gardasil 9**(protects against HPV 6, 11, 16, 18, 31, 33, 45, 52 & 58) (6 mo follow up for **Gardasil 9**#2), **Boostrix** (Tdap), **Menveo** (MeningitisACYW135)
16 years – **Menveo** (MeningitisACYW135), **Bexsero** (6 mo follow up for MenB#2)

Patient's name: _____ DOB:_____
Patient's name:_____ DOB:_____
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Patient's name: _____ DOB:_____
Patient's name: _____ DOB:_____

By signing this document, you acknowledge and agree (consent) to our vaccine policy.

Parent/Guardian's Name: _____

Parent/Guardian's Signature_____ Date_____