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## Ponderosa Pediatrics Immunization Policy

At **Ponderosa Pediatrics**, we are committed to providing high-quality, evidence-based medical care for children. Preventive care is a central focus of pediatrics and a core value of our practice.

A key component of preventive care is **routine childhood immunization**. Vaccines protect children from serious and potentially life-threatening diseases and are an essential part of maintaining the health and well-being of our patients.

Our practice follows the immunization schedule recommended by the **American Academy of Pediatrics (AAP)**. These recommendations are based on extensive scientific research and are designed to provide the safest and most effective protection for children.

Vaccinations not only protect individual children but also help protect our community. Many infants and medically vulnerable individuals rely on high vaccination rates to reduce the spread of preventable infectious diseases.

**Maintaining high immunization rates helps ensure a safe environment for all patients in our practice and also prevents office closure due to a visit from a patient with a vaccine preventable illness.**

Because preventive care is fundamental to pediatric medicine and to the values of our practice, **Ponderosa Pediatrics requires patients to follow the recommended immunization schedule.**

Our practice **does not follow alternate vaccine schedules**, and we do not continue care for families who choose to delay or decline recommended vaccinations.

**Families who choose not to vaccinate their children according to the recommended schedule will be asked to seek care with another pediatrician.**

We understand that parents may have questions about vaccines and we are always happy to discuss concerns. Our practice is committed to helping families make informed decisions based on the best available medical evidence.

### Acknowledgment

By signing below, I acknowledge that I have read and understand the **Ponderosa Pediatrics Immunization Policy**.

Patient Name: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

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

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