

**DUPAGE PEDIATRICS, LTD.  
VACCINE POLICY**

**It is the strong belief of all the physicians at DuPage Pediatrics that all children who are able should be immunized against vaccine preventable diseases as soon as possible.**

We believe that the vaccination schedule as outlined by the Centers for Disease Control (CDC), the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) is the best researched and most scientifically sound vaccine schedule as it provides the earliest and most robust immunity for infants and toddlers.

Based on that schedule, children will receive the primary rounds of all recommended vaccines by 2 years of age. **Therefore, it is our policy on vaccines that patients receive the initial round of pediatric vaccines according to CDC and AAP guidelines by 2 years of age.**

Moving forward:

- Any families not compliant with our vaccine policy or who have not created a plan with one of our physicians to obtain the necessary vaccines by two years of age will be asked to transition out of the practice.
- Families who have expressed desires to not have their children who are currently under the age of two vaccinated or have not started the vaccination process by 4 months of age will also be asked to transition out of the practice.
- New patients who indicate that they do not want to start or continue vaccinating their children according to CDC and AAP recommendations, or who are following a significantly delayed vaccine schedule will not be allowed to join the practice.

We believe that unimmunized and those on a significantly delayed vaccine schedule puts children at too great a risk of contracting vaccine preventable diseases, and it also poses a serious risk to our other patients who are either too young to be vaccinated against certain illnesses or who are unable to receive vaccines for medical reasons. We simply do not feel that we can accept that increased risk as it runs counter to what we believe as physicians and as a practice and increases the likelihood that our patients may contract vaccine preventable diseases.

Sincerely,  
The Physicians at DuPage Pediatrics, Ltd.

*(For a more detailed explanation of our vaccine policy, please see the receptionist at our front desk or visit our website at [www.DuPagePediatrics.com](http://www.DuPagePediatrics.com).)*

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I have received, read and understand the Vaccine Policy of DuPage Pediatrics, Ltd. and agree to have my child/children immunized according to the practice and physician recommendations.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Signature

Please print the children's name this signature applies to:

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