



## Vaccination Policy Commitment to Vaccinate

At Complete Children's Health our pediatricians, providers and staff are dedicated to the health, safety, and well-being of our patients and the community. One very important step in ensuring the health of every child is to make sure they receive vaccinations at the correct time. Vaccines prevent serious diseases and have lowered the rates of these diseases in the United States and throughout the world. By getting vaccinated, individual children receive protection from these diseases. Vaccines also help to protect communities by slowing or stopping disease outbreaks. This is especially important for individuals who cannot be vaccinated because they are too young, too sick, or whose bodies do not respond adequately to vaccines.

Complete Children's Health follows the vaccination schedule outlined by the Centers for Disease Control (CDC) and American Academy of Pediatrics (AAP). During each visit, we will provide you with Vaccine Information Statements which discuss the vaccines, their benefits, and any possible side effects. Many of your questions about vaccines can be answered ahead of time by consulting the CDC "Vaccines for Your Children" website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). If you have additional questions about immunizations, talk to your provider. We will listen to your questions and concerns, and guide you to the tools you need to make the best decision for your child's health.

Because we know how important vaccinations are for your child and the community, families that choose not to vaccinate their child according to the recommended schedule will need to find a different health care provider. You will find the most recent recommended vaccine schedule attached to this policy. Additional information can be obtained from the CDC website at [www.CDC.gov/vaccines](http://www.CDC.gov/vaccines) and on the American Academy of Pediatrics at [www.healthychildren.org](http://www.healthychildren.org).

### **Complete Children's Health Commitment to Vaccinate:**

I am aware of the CCH vaccination statement (above) and the outlined vaccine schedule (attached). I acknowledge Complete Children's Health vaccine policy and understand that if I choose not to immunize my child according to the recommended schedule I will be asked to find another medical home for my child.

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Patients Name(s)

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Signature

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Relationship to Patient

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Date