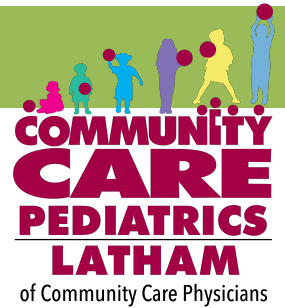


# Vaccine Policy Statement



Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

We strongly agree with the American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC) that vaccines help to maintain healthy children and communities. As medical professionals, **we feel that vaccinating children following the recommended schedule with currently available vaccines is absolutely the right thing to do for all children and young adults.** We firmly believe that:

- Vaccines prevent serious illness and save lives.
- Vaccines are safe.
- Vaccines DO NOT cause autism or other developmental disabilities.
- Vaccines may be the single most important intervention we perform as healthcare providers.

## Our policy at Latham Pediatrics is that:

- We follow the American Academy of Pediatrics (AAP) Immunization Guideline and CDC Immunization Schedule
- **We require all patients to be vaccinated-** barring specific medical exceptions (immunodeficiency, etc.)
- If despite our recommendations, you refuse to vaccinate your child, we ask you to find another healthcare provider who shares your views.

*Please recognize that by not vaccinating, you are putting your child and others around you at unnecessary risk for life threatening illness, disability, and even death.*

## ATTESTATION:

I agree with the vaccine policy of Latham Pediatrics. My child will be vaccinated: ☐ YES ☐ No

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

\_\_\_\_\_  
Date

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