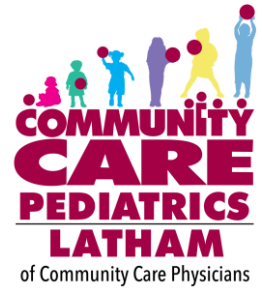


Vaccine Policy Statement



Patient's Name: _____

Date of Birth: _____

We strongly agree with the American Academy of Pediatrics (AAP) that vaccines help to maintain healthy children and communities. As medical professionals, **we know that vaccinating children following the recommended schedule 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 RECOMMEND all vaccines as established by American Academy of Pediatrics (AAP) Immunization Guidelines.
- **We REQUIRE all vaccines that are mandated by New York State for school attendance.**
- 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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