



Please list the names and birthdates of all children in the household:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Commitment to vaccinate policy acknowledgement

At Complete Children's Health our pediatricians, advanced practice providers, and staff are dedicated to the health, safety, and well-being of our patients and the community. One key step in ensuring the health of every child is to ensure they receive vaccinations at the correct time. Vaccines prevent serious diseases. They have lowered the rates of these diseases in the United States and throughout the world. Through vaccination, 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 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 that vaccines are due, we will provide you with Vaccine Information Statements discussing the vaccines, their benefits, and any possible side effects. Many questions about vaccines can be answered before your visit by consulting the CDC "Vaccines for Your Children" website at www.cdc.gov/vaccines/parents or the American Academy of Pediatrics website at www.healthychildren.org. If you have additional questions about vaccines, talk to your Physician or APP. We will listen to your questions and concerns and guide you to the reliable, accurate, and evidence-based information 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/medical home.**

I am aware of the CCH vaccination statement (above) and the referenced vaccine schedule. I understand that, if I choose not to immunize my child according to the recommended schedule, Complete Children's Health will no longer be able to serve as my child's healthcare provider/medical home.

Signature of Parent or Personal Representative

Date

Print Parent or Personal Representative First and Last Name

CCH Witness