

# IMMUNIZATION POLICY

It is the policy of all Pediatric Associates of Madison physicians that your child(ren) receive all immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP).

## Immunization Schedule

<b>2 and 4 months</b>	<b>*Pedarix, HIB, Prevnar, and Rotateq</b>
<b>6 months</b>	<b>*Pedarix, Prevnar and Rotateq</b>
<b>12 months</b>	<b>HIB, Prevnar and Hepatitis A</b>
<b>15 months</b>	<b>MMR , Varivax</b>
<b>18 months</b>	<b>DTaP, Hepatitis A</b>
<b>4- 5 years</b>	<b>*Kinrix, MMR and Varivax</b>
<b>11-12 years</b>	<b>TdaP ,Meningitis A and HPV</b>
<b>16-18 years</b>	<b>Meningitis A, Meningitis B</b>

**\*Pedarix includes DTaP, IPV, Hepatitis B**

**\*Kinrix includes DTaP, IPV**

**I acknowledge the receipt of the immunization policy of Pediatric Associates of Madison, and I agree to comply with this vaccine schedule.**

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**Parent/Guardian**

\_\_\_\_\_  
**Date**