

IMMUNIZATION POLICY

It is the policy of all Pediatric Associates of Madison physicians that your child(ren) receive all immunizations required 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

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

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

****Kinrix includes DTaP and IPV**

I acknowledge the receipt of the immunization policy of Pediatric Associates of Madison, and I agree to comply with the required immunizations.

Parent/Guardian

Date