



## Main Street Pediatrics Vaccine Policy

At Main Street Pediatrics, we firmly believe that fully vaccinating your child according to the schedule recommended by the American Academy of Pediatrics (AAP) is one of the most important steps we can take together to protect your child's health and the health of those around them.

Vaccines are safe, effective, and backed by decades of rigorous scientific research. The medical and scientific communities agree that **vaccines are not controversial**. There is **no credible evidence that vaccines cause autism or developmental disorders**. Vaccines given in combination are also proven to be safe, and **there is no benefit to delaying, splitting, or using alternative vaccine schedules**. In fact, doing so may leave your child and others in the community vulnerable to preventable diseases during the time they are most at risk.

Our policy is to **complete the initial childhood vaccine series by 2 years of age**, and continue scheduled immunizations through adolescence:

- Infants should begin vaccines by 3 months.
- The routine 2, 4, and 6 month vaccines (Hep B, DTaP, Polio, Hib, Prevnar, Rotavirus) should be completed by 12 months.
- The routine 12, 15, and 18 month vaccines (MMR, Prevnar, Varicella, Hep A, DTaP, Hib) should be completed by age 2.
- Older children should receive necessary boosters (MMR, Varicella, DTaP, Polio) before age 6.
  - We strongly recommend the HPV vaccination starting at age 9.
  - We strongly recommend an annual influenza vaccination.

We understand that parents may encounter conflicting or confusing information about vaccines. If you have concerns, we welcome open and respectful dialogue. We are happy to guide you to reliable, evidence-based resources and answer your questions. However, based on overwhelming evidence and in order to maintain a safe environment for all our patients - including those too young or medically unable to be vaccinated - we do not support alternative vaccine schedules and **do not accept families who refuse all vaccines or significantly delay them**.

If, despite our recommendations and efforts, you choose not to vaccinate your child, we will ask you to find a different pediatric provider who aligns with your beliefs.

We appreciate your partnership in keeping all children in our community healthy, and we are honored to support you in protecting your child through timely immunization.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_