



VACCINATION POLICY (REQUIRED VACCINES)

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The providers and staff at Parsi Pediatrics strive to offer a medical home for all of our patients and their families. Our goal is to provide excellent medical care to maintain the health and wellness of our patients. We strongly support that all children and young adults should receive all recommended vaccines according to the guidelines provided by both the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP). We would like to address any of the questions and concerns you have regarding vaccines.

If your child does not receive vaccines according to medically accepted schedule, the consequences may include contracting the illness vaccines are designed to prevent; the outcomes of these illnesses may include one or more of the following:

- Certain types of cancer
- Pneumonia
- Illness requiring hospitalization
- Death
- Brain damage
- Paralysis
- Meningitis
- Seizures
- Deafness
- Other severe & permanent effects

Claims have been made over the past several years regarding the safety of some routine childhood vaccines. Some suggest that they are the cause of disorders such as autism and other chronic disorders. Top researchers from around the world have investigated each of these claims and concluded that vaccines **do not** cause autism or any other chronic disorders.

For more information about vaccines and some common misconceptions regarding vaccines, please visit the following sites:

- <http://www.cdc.gov/vaccines/vac-gen/6mishome.htm>
- <http://www.cdc.gov/vaccines/vac-gen/default.htm>
- <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/GlobalChildHealth.aspx>
- **Error! Hyperlink reference not valid.**

If you have questions/concerns regarding this policy, we encourage you to speak with your child(ren)'s healthcare provider.

I have read the above information and understand the Vaccination Policy at Parsi Pediatrics. I further understand that by refusing to have my child(ren) vaccinated, Parsi Pediatrics may request for me to find another healthcare professional who shares my views.

Parent/Guardian Signature

Date

Print Name

Relation to Patient(s)