

MODIFIED VACCINE SCHEDULE

Patient: _____

*6/8 Weeks	HIB #1, DTaP #1, oral Rotateq #1 [§]
3 Months	IPV #1, Prevnar #1
*4 Months	HIB #2, DTaP #2, oral Rotateq #2 [§]
5 Months	IPV #2, Prevnar #2
*6 Months	HIB #3, DTaP#3, oral Rotateq #3 [§]
7 Months	IPV #3, Prevnar #3
*9 Months	No Shots
*12 Months	Prevnar #4
*15 Months	MMR #1
17 Months	HIB #4
*18 Months	DTaP #4
*4/5 Years	Hep B Series (3 in series), Hep A Series (2 in series), Varivax Series (2 in series), DTaP #5, MMR #2, IPV #4
*11 Years	Tdap, MenQuadfi #1
*16/17 Years	Penbraya (MenQuadfi #2 and Trumenba #1) Trumenba #2 due 6 months after Penbraya or Trumenba #1 if given separately

Although we are comfortable and fully supportive of the safety profile and schedule for all the recommended immunizations, we understand that some parents would prefer a modified schedule. Please note that patients who do not receive vaccines according to the recommended schedule can contract the illnesses that vaccines prevent and can transmit the illnesses to others who may be too young to vaccinate or who may have immune problems. Also if your child is not fully vaccinated, any time they have a fever, extra evaluation and testing may be required. Lastly if there is an outbreak of a vaccine preventable illness, your child may be required to stay home from school or daycare until the outbreak is over.

Listed above is the modified schedule we offer. At any time you can choose to forego the modified schedule and continue with the recommended vaccination schedule if you are inclined to do so.

The * denotes regular physical appointments. The visits in between are for vaccines only and will require a co-pay if applicable. Please call and let us know the morning you plan to come.

§ Rotateq is a vaccine taken by mouth to prevent rotavirus which causes fever, vomiting, and profuse diarrhea. The vaccine is not yet required for school or daycare attendance, but we do highly recommend it.

We all strongly believe that vaccines save lives and we are proponents of preventative medicine. By signing below, you are agreeing to follow this modified schedule and are acknowledging our concerns with delaying vaccines.

Parent _____ Date _____

Provider _____ Date _____