



# Pediatric Partners of Virginia Vaccination Policy

The providers and staff at Pediatric Partners of Virginia’s practices care for thousands of children. Every day, we have hundreds of children coming in and out of our office. Some are too young to be vaccinated and are therefore vulnerable to severe, potentially life-threatening infection. It is our duty to protect each of our patients to the best of our ability from any infection that could be contracted in our office. We firmly believe in the efficacy and safety of vaccinations to prevent serious illnesses and save lives. In addition, our practice believes that all infants, children and young adults receive the recommended vaccinations according to the American Academy of Pediatrics We believe that the choice to not immunize your child puts your child’s health at risk and increases their risk for unnecessary serious illnesses and potential death. In addition, we believe that the decision not to immunize your child puts other vulnerable populations (young infants, immunocompromised and elderly individuals) at risk.

We understand that vaccinating your child can make parents and caregivers feel nervous. We also recognize that there is a lot of misinformation circulating in the community and on social media about vaccinations. Our goal is to educate families on the safety of vaccinations as well as dispel any myths or rumors that may exist. Moving forward, we will not accept new patients who refuse immunizations and may refer you to another practice if you choose not to further vaccinate your child. We are willing to work with families on delayed or alternative vaccination schedules but will rely on you to let us know what vaccines you prefer at each visit.

This policy will be updated should any new recommendations/requirements arise as determined by authorities including AAP, ACIP, or the State of Virginia. Legal guardians who cannot abide by the above guidelines may be asked to find an alternative medical practice that is able to comply with their beliefs.

The providers and staff are not only healthcare professionals but family members who fully vaccinate their children for their protection as well as the safety of the community. We strive to provide safe and comprehensive care to all our patients and will continue to maintain this goal.

By signing below, I acknowledge that I have read and understand the Pediatric Partners of Virginia Vaccination Policy. I understand that refusal of recommended vaccines may increase health risks to my child and others. I have been informed of the benefits and risks associated with vaccination and the potential consequences of non-vaccination. I accept responsibility for this decision and understand that this acknowledgment will be included in my child’s permanent medical record.

Patient Printed Name(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date