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Vaccine Policy

Harvey Pediatrics wants to explain our guidelines for vaccinations. We want to ensure all of our patients and families are as healthy as possible and we strongly believe vaccinations play an integral role in your child's health. Scientific research has clearly shown that vaccines are safe and effective. To not vaccinate a child not only places the child at risk, but everyone with whom he or she comes into contact. This includes other children that are either too young to be immunized or unable to be vaccinated because of serious medical conditions.

Harvey Pediatrics follows the CDC and AAP recommended vaccination schedule. We firmly believe in the effectiveness of vaccines and protection comes from mass immunity. As more people opt not to vaccinate, mass immunity will become decrease, helping the spread of infection.

We understand that the choice may be emotional for some parents. We will do everything we can to provide you with education and information on vaccines. While we don't promote a delayed or alternative vaccination schedule, we do offer a set schedule of two vaccines per month until the child is up to date. Please be advised, delaying or splitting up the vaccines goes against our medical advice, has not been shown to offer benefits, and can put your child at risk for serious illness or death. If at any point your child becomes behind or is no longer adhering to the alternative schedule, it will be replaced with the CDC recommended catch-up schedule. If there is noncompliance from that recommended catch-up schedule, discharge from the clinic will result.

Finally, if you should absolutely refuse to vaccinate your child, we ask that you find other healthcare providers who share your views. We do not keep a list of these providers, nor would we recommend any such providers.

Harvey Pediatrics feels strongly that vaccinating children on time and with the recommended schedule is the appropriate medical policy. Thank you for reading this policy and thank you for trusting us with the care of your children. Please feel free to ask any questions or concerns you may have regarding this policy or vaccines. Our providers are happy to discuss your concerns with you. By signing below, you acknowledge receipt of this policy.

Print Patient Name: _____ Date of birth: _____

Print Parent/Guardian Name: _____ Date: _____