



McDonough Pediatrics, P.C.

101 Regency Park Drive, Ste 140
McDonough, GA. 30253

Vaccination Policy Acknowledgment

It is now the policy of McDonough Pediatrics that all children who visit our practice for care receive **ALL** immunizations recommended by the American Academy of Pediatrics.(A.A.P.). These immunization schedules change from time to time as new vaccines become available

WE NOW ARE UNABLE TO PROVIDE CARE TO NEW FAMILIES TO OUR PRACTICE WHO DO NOT FOLLOW THESE GUIDELINES.

McDonough Pediatrics believes that immunizations are of vital importance in the health of children individually and the population as a whole. There are no exceptions to this policy.

If there are questions regarding this policy, please do not hesitate to let us know. You may also refer to the **AAP website** regarding immunization practices and recommendations.

My signature below indicates that I have been made aware of the policy and will follow the APA guidelines on immunization for my child(ren).

Parent Signature: _____ Date: _____

Print Name of Parent: _____

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McDonough Pediatrics WCC and Vaccine Schedule			
AGE	WELL CHECK	VACCINE	NOTES
1 Week	✓	Hep B	If not done at hospital at birth
1 Mth	✓		
2 Mths	✓	Pediarix	
		Prevnar	
		Hib	
		Rotateq	
4 Mths	✓	Pediarix	
		Prevnar	
		Hib	
		Rotateq	
6 Mths	✓	Pediarix	
		Prevnar	
		Rotateq	
9 Mths	✓	None	
12 Mths	✓	MMR	
		Varivax	
15 Mths	✓	Prevnar	
		Hib	
18 Mths	✓	DTAP	
		Hep A	
24 Mths	✓	Hep A	
30 Mths	✓	None	
3 Yrs	✓	None	
4 Yrs	✓	Kinrix	
		MMR	
		Varivax	
5 Yrs	✓	None	If all done at 4 yrs
6 Yrs	✓	None	
7 Yrs	✓	None	
8 Yrs	✓	None	
9 Yrs	✓	None	
10 Yrs	✓	TDAP	
11 Yrs	✓	Menactra	
		TDAP	If not done at 10 yrs
		HPV	
12 Yrs	✓	None	
13 Yrs	✓	None	
14 Yrs	✓	None	
15 Yrs	✓	None	
16 Yrs	✓	Menactra	
Well Checks should be continued Annually			