



## CYFAIR PEDIATRICS VACCINATION POLICY

### We do NOT accept patients and families who do not vaccinate

At CyFair Pediatrics, we believe in the effectiveness of vaccines to prevent serious illness and to save lives. We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP).

We firmly believe that vaccinating children and young adults is the single most important health-promoting intervention we perform as healthcare providers, and that you can perform as parents/caregivers. The recommended vaccines and the vaccine schedule are the results of years of scientific study and data gathering on millions of children by our brightest scientists and physicians. This said, we recognize that there has always been and will likely always be controversy surrounding vaccination.

Because we are committed to protecting the health of your children through vaccination, we require all of our patients to be vaccinated. We will not accept children whose parent/caregiver will not permit vaccination. Vaccination administration will follow the guidelines of the AAP and CDC.

Alternative vaccination schedule may be discussed with physicians, but will require approval by our healthcare providers. If our physicians deem the alternative vaccination schedule to be unreasonable, your family will be required to comply with the guidelines set by the AAP and CDC.

All required vaccinations for the state of Texas must be completed at the indicated ages as dictated by the Texas Administrative Code and Department of State Health Services.

Our office will not accept vaccination exemptions or affidavits claiming exclusion for reasons of conscience or personal choice. Affidavit for exclusion of vaccinations due to medical diagnosis will be considered with validation from medical professional.

If you wish to not to vaccinate your child or do not agree with our policy, we will ask you to find another healthcare provider who shares your views. Please recognize that by not vaccinating, you are putting your child at unnecessary risk for life-threatening illnesses, disability, and even death.

Thank you for taking the time to read our policy. Please feel free to discuss any questions you may have about vaccines with our physicians and staff members.

Signing this document signifies that you agree to vaccinating your child according to our office policy and guidelines.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date