



IPHC Immunization Plan Summary

- _____ I/We are following the **CDC SCHEDULE** for our child’s immunizations. (Recommended by IPHC Nurse Practitioners “NPs”)
- _____ I/We are following an **ALTERNATIVE SCHEDULE** for our child’s immunizations. **(PLEASE FILL OUT SCHEDULE BELOW)**
- _____ I/We are not immunizing our child currently but may in the future and will update this plan when applicable.
- _____ I/We are not immunizing our child indefinitely.

Place an “x” if child will receive immunization	Immunizations	CDC recommended ages	Combination vaccine available, do you want it (circle one)?	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Hepatitis B (3 doses)	Birth-2mo, 4mo, 6 mo	Yes or No (Pedarix)					
	DTaP (5 doses)	2, 4, 6, 18, 48 months	Yes or No (Pedarix or Pentacel)					
	Haemophilus Influenzae Type B “HiB” (4 doses*)	2, 4, 6, 15 mo	Yes or No (Pentacel)					
	Pneumococcal “Pc” (4 doses*)	2, 4, 6, 15 mo						
	Rotavirus (oral) (3 doses)	2, 4, 6 mo (max age 9 mo)						
	Inactivated Polio Virus (4 doses*)	2, 4, 6, 48 mo	Yes or No (Pedarix or Pentacel)					
	MMR (2 doses)	12 mo, 48 mo	Yes or No (Proquad)					
	Varicella “chickenpox” (2 doses)	12 mo, 48 mo	Yes or No (Proquad)					
	Hepatitis A (2 doses)	12 mo, 18 mo						

* indicates that this immunization’s recommended doses will be dependent on age and previous number of doses in a “catch up” or “delayed” situation(i.e. HiB & Pc are given 4 times, but if the child is 15 months or older and has never received a dose, only one dose is given)

IPHC Uses combination vaccines whenever possible to minimize the number of injections. You may request available brands or individual injections if desired. Combinations we use are Pentacel (DtaP-HiB-Polio), Pediarix (DtaP-HepB-Polio), Proquad (MMR-varicella), Kinrix (DtaP-Polio). Brands for individual vaccines are Dtap (Infanrix or Daptacel), HiB (ACT-Hib or PedVaxHib), Hep B (energix-B), Hep A (Vaqta), Pc (Prevnar), Rotavirus (RotaTaq), Polio (IPV), MMR-II(Merck) Varicella (Varivax). **If you have brand preferences, please place them with the “x” box.**

I/We have been provided an opportunity to discuss risk and benefit of vaccines and am making an informed choice. I have reviewed this plan and understand it is my responsibility to notify my provider in writing if any changes are made to this plan.

Parent/Guardian Signature: _____ Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Parent/Guardian Name: _____ Date: _____