



PEDIATRICS

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Pediatric and Adolescent Medicine

Immunization Consent

Patient's Name: _____ Date of Birth: _____

At Kid-Doc Pediatrics we are dedicated to providing the very best quality medical care to our patients. This includes our adherence to the vaccine schedule recommended by national organizations such as the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and the Advisory Committee of Immunization Practices (ACIP).

At Kid-Doc Pediatrics we strive to provide the highest quality of care, while respecting the wishes of our parents. Should a family desire to alter the schedule or withhold all recommended vaccines, Kid-Doc Pediatrics feels that this decision not only puts your child at risk of serious preventable diseases, but also contributes to the health risks of others. Therefore, please be advised that if you desire and "alternate" vaccine schedule or intend to refuse vaccines, you will do so against the advice of Kid-Doc Pediatrics, the AAP, AAFP and ACIP. Because we believe that this decision puts your child at risk for vaccine preventable diseases, we therefore do not think we can provide the best care possible for your child. Kid-Doc Pediatrics will respectfully decline to be the pediatrician for your child. Should you at anytime choose to resume the recommended immunization schedule, we will be happy to welcome you back to Kid-Doc Pediatrics.

I have been provided a copy of the appropriate Centers for Disease Control (CDC) and Vaccine Information Sheet (VIS) to have and read, or have had explained to me, information about disease preventable vaccines that will be administered by Kid-Doc Pediatrics. I have had the chance to ask questions that were answered to my satisfaction. I believe and understand the benefits and risks of the vaccines that will be administered by Kid-Doc Pediatrics and allow consent for the vaccines to be administered.

Parent's Signature: _____ Date: _____

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