

Healthy Roots Pediatrics
27 Hilliard Street Manchester, CT 06042
(860) 646-3903

Alternate Vaccine Schedule Waiver

You have requested to follow an alternate vaccine schedule for your child. We strongly recommend following the vaccine schedule published by the American Academy of Pediatrics (AAP) and Centers for Disease Control and Prevention (CDC). Following the recommended immunization schedule protects infants and children by providing immunity early in life, before they are exposed to potentially life-threatening diseases. Below is an example of an alternative vaccine schedule that we consider acceptable, as it keeps children up to date with their vaccines. Please note, additional visits for vaccines may result in a copay and/or additional charge.

This schedule allows for 2 vaccines per visit. It results in 3 additional office visits.

Birth: Hepatitis B #1
2 Month WCC: Pediarix #1, Pedvax-HIB #1
2 Month + 2 Weeks: Prevnar #1, Rotarix #1
4 Month WCC: Pediarix #2, Pedvax-HIB #2
4 Month + 2 Weeks: Prevnar #2, Rotrix #2
6 Month WCC: Pediarix #3, Prevnar #3
12 Month WCC: MMR #1, Hepatitis A #1
13 Month: Varicella #1
15 Month WCC: DTaP #4, Pedvax-HIB #3
15 Month + 2 weeks: Prevnar #4
18 Month WCC: Hepatitis A #2
4 Year WCC: Kinrix, MMRV
(WCC = Well Child Check; Pediarix = DTaP, IPV, Hepatitis B ; Kinrix = DTaP, IPV)

This is our only accepted alternate vaccine schedule. If you chose to deviate from the above schedule, you will be asked to find a new healthcare provider for your child.

I am choosing to follow an alternate vaccine schedule for my child. I am aware that this schedule is not endorsed by the AAP or CDC and can result in a delay in protection against vaccine preventable illnesses. I agree to keep my child up to date with his/her vaccines. If my child does not remain up to date, I will be asked to find another pediatric healthcare provider for my child.

Child's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Witness: _____

Date: _____