



Rush Copley Medical Group

Pediatric Vaccine Policy

Purpose

This policy identifies the process to meet recommended guidelines for childhood vaccine administration and the consequence of vaccine refusal.

Policy

The Pediatric Vaccine Policy applies to all patients born or entering the practice as a new patient on or after 1/1/2020. Established patients are also encouraged to follow the policy.

Clinical Significance

- According to Centers for Disease Control and Prevention (CDC), “On-time vaccination throughout childhood is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases. Vaccines are tested to ensure that they are safe and effective for children to receive at the recommended ages.”
- The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children.
- All children and adolescents should receive all recommended vaccines in accordance with the Advisory Committee on Immunization Practices (ACIP), a group of medical and public health experts.
- Scientific studies and reviews continue to show no relationship between vaccines and autism (including thimerosal and the MMR/measles-mumps-rubella vaccine).
- By requiring our medically eligible patients to be fully vaccinated, we are able to protect all of our patients, including those too young or medically unable to be vaccinated (“herd immunity”).

Procedure

Implementations

- By 2 years of age, all patients in the practice are required to receive the recommended immunizations according to the CDC/ACIP Vaccine Schedule.
- We support the State of Illinois requirements for certain vaccines to be given to all children entering kindergarten, 6th grade and 9th grade.
- If you have concerns, please discuss these with your healthcare provider. Your provider will make every effort to work with you and answer all of your questions over the course of 3 visits. If you refuse to vaccinate, your provider will follow the steps outlined below.

Refusal to Vaccinate

- At every visit, patient/guardian will be required to sign a Vaccination Refusal Policy acknowledgement. This policy is posted on our website for review.
- At subsequent visits, delayed vaccines will be administered or patient/guardian will be asked to sign the Vaccination Refusal Policy acknowledgement again.
- If you refuse to vaccinate your child after 3 visits or are not caught up with vaccinations within 12 months of establishing care, you will be advised to find a healthcare provider who shares your views. We do not keep a list of outside providers who do not recommend vaccinations.
- By not vaccinating your child, you put them and their contacts at risk for life-threatening illnesses that can result in disability and even death.

For more information on the importance of vaccinations, please visit these websites.

American Academy of Pediatrics - www.healthychildren.org/immunizations

Centers for Disease Control and Prevention - www.cdc.gov/vaccines

Immunization Action Coalition - www.immunize.org

Children's Hospital of Philadelphia Vaccine Education Center -
www.chop.edu/centers-programs/vaccine-education-center

Pediatric Vaccine Refusal

Patient: _____

Date of Birth: _____

1. I have reviewed the Rush Copley Medical Group Patient Vaccine Non Compliance Policy and am aware my healthcare provider has recommended the CDC approved vaccination schedule.
2. By refusing vaccination, I am aware that my child could suffer severe health outcomes including disability and death from vaccine preventable diseases.
3. I am aware that my child could be dismissed from Rush Copley Medical Group medical practices due to vaccine refusal.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____