

Our policy states:

- Children must receive all vaccines recommended by the AAP that are mandated for school by the State of Kansas.
- Children must begin receiving their immunizations by age 2 months.
- Manhattan Medical Group recommends the immunization schedule as determined by the AAP, ACIP, and CDC.

If you do not stay on the vaccine schedule recommended puts children, adolescents and adults at risk of illness. If there are delays in vaccine immunization there could be a risk of vaccine administration errors. If there are delays in the immunizations, please contact Manhattan Medical Group to verify that they are within the period recommended by AAP, ACIP and CDC.

- The parent of caregiver will need to discuss the vaccine immunization with their provider to determine schedule for administering the vaccine.
- Exceptions for the AAP window include: Hepatitis A, Hepatitis B, Influenza and Gardasil.
- The influenza vaccine is recommended yearly for children 6 months and older.
- The Gardasil vaccine is recommended for children, between the ages of 11 and 13 years, but is not mandatory.
- Hepatitis A and Hepatitis B are to be completed as required by daycare of school entry.
- Parents or caregivers who do not follow the AAP and CDC vaccine schedule must sign a copy of our vaccine policy.
- Verify with your insurance if we are approved to give vaccines, if we are not approved the schedule needs to be maintained at an alternative location.
- Families who choose not to follow the Manhattan Medical Group vaccine policy will need to find another physician to care for their child. We will care for your child while you make this transition for 15 days.

Our providers welcome discussion regarding our vaccine policy with any of our families. We hope you understand why we have devised this policy to protect children, their families, and our communities from serious diseases and potential death by administering safe and effective vaccines in a reasonable, organized and practical way.

I, _____ have read the above policy and acknowledge the information provided.

Signature of parent/caregiver: _____ Date: _____

Patient Name: _____ DOB: _____