Child's Name:_____ **DOB:**_____

Lutherville Pediatrics Vaccine Policy

At Lutherville Pediatrics, we are committed to providing the highest standard of care to all of our patients and families. A key component of this commitment is our strong belief in the safety, efficacy, and importance of vaccines in protecting children and the community from preventable diseases.

Our Policy on Vaccination

We **require that all patients in our practice be vaccinated** according to the current CDC and AAP (American Academy of Pediatrics) immunization schedules. Vaccines are one of the most effective tools in modern medicine and are critical in protecting children—especially infants, immunocompromised patients, and those too young to be fully vaccinated—from serious illness and complications. We believe that vaccines are rigorously tested for safety and monitored continuously, and we believe that it is our ethical responsibility to recommend treatments supported by scientific evidence and medical consensus.

What We Allow

Although not supported by research, we understand that some families may wish to spread out vaccinations over a longer period of time. We are willing to work with families on an alternative vaccine schedule, provided that a plan is in place to bring the child up to date within a reasonable timeframe.

What We Do Not Allow

Families who choose not to vaccinate are not a good fit for our practice. **We do not accept families that refuse all vaccinations.** This policy is in place to protect the health and safety of all our patients, including those who are medically vulnerable.

We recognize that vaccine decisions can be emotional and complex. We are happy to answer your questions, provide reputable resources, and support your family in making informed decisions. However, in order to uphold our standard of care, we must prioritize the health and safety of our patient population through our vaccine policy.

We appreciate your understanding and partnership in keeping our community healthy.

The Providers at Lutherville Pediatrics

Please sign below as an acceptance of our vaccination policy

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