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Congratulations on your new baby! Baby's Due Date: _____ Sex: _____

Delivering Physician: _____ Place of Delivery: _____

Do you have other children that are currently patients of West Alabama Pediatrics? Yes or No

If so: Child's Name: _____ Sex: _____ DOB: _____

Child's Name: _____ Sex: _____ DOB: _____

Demographics:

Mother/Guardian Name: _____ DOB: _____ SS#: _____

Address: _____ City: _____ Zip: _____

Mother/Guardian Phone #: _____

Mother/Guardian Insurance Company: _____

Policy Holder's Name: _____ DOB: _____ Relationship: _____

Policy No: _____ Group No: _____ Effective Date: _____

Father/Guardian name: _____ DOB: _____ SS#: _____

Father/Guardian Phone #: _____

Child's Insurance if different from Mother's Insurance: _____

Policy Holder's Name: _____ DOB: _____ Relationship to Child: _____

Policy No: _____ Group No: _____ Effective Date: _____

The physicians of West Alabama Pediatrics recommend vaccines according to the (AAP) American Academy of Pediatrics, and (CDC) Center for Disease Control Immunization Schedule.

Please review & sign the WAP Vaccination Pledge.

Do you plan to vaccinate your child in accordance with this schedule? Yes or No

Approved or Denied: Date _____ **Applicant Notified: Date** _____

WEST ALABAMA PEDIATRICS

VACCINATION PLEDGE

West Alabama Pediatrics believes that every child has the right to the opportunity of a healthy life and vaccines are one of the best ways to assure it. Routine vaccines are the most effective way to ensure that kids have a bright future with the ability to achieve their full potentials. WAP only offers vaccines that have been proven to be safe and effective. All vaccines we provide have been approved by the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices (ACIP) and the Center for Disease Control (CDC) along with a recommended schedule of administration.

Join us to protect our children from preventable diseases!!!!

I pledge my support and intent to fully vaccinate my child according to the recommended schedule of the AAP/ACIP/CDC.

I acknowledge & consent that my child's immunizations will be shared with the Alabama State Immunization Registry.

I also acknowledge that if at any time I decide not to vaccinate my child according to this schedule, I am choosing to transfer my child from West Alabama Pediatrics to a physician that shares my views.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's name: _____

Date: _____

WEST ALABAMA PEDIATRICS CHECK-UP & IMMUNIZATION SCHEDULE

AGE	VACCINES
Birth	HBV (Given in the hospital before discharge)
3-5 Day	Newborn follow up
2 Weeks	No vaccines
2 Months	Pediarix (Dtap/IPV/HBV), HIB, PCV15, Rotateq (Interval - 8 weeks)
4 Months	Pediarix (Dtap/IPV/HBV), HIB, PCV15, Rotateq (Interval - 8 weeks)
6 Months	Pediarix (Dtap/IPV/HBV), HIB, PCV15, Rotateq (Interval - 8 weeks) (MUST BE 6 MONTHS OLD)
9 Months	No vaccines
12 Months	PCV15, Varivax, MMR (MUST BE 12 MONTHS OLD)
15 Months	HIB, Hep A
18 Months	Infanrix (Dtap)
2 Years (24 Months)	Hep A (Must be 6 months from 1 st Hep A)
2 ½ Years (30 Month)	No vaccines
3 Years	No vaccines
4 Years	Kinrix (Dtap/IPV), ProQuad (Varicella, MMR)- (MUST BE 4 YEARS OLD)
5 Years	No vaccines
6-8 Years	No vaccines
9-10 Years	Gardasil 9
11 Years	Menveo, Boostrix (Tdap), Gardasil 9 if needed
12-15 Years	Gardasil 9 if needed
16 Years	Menveo Booster, Bexsero (MUST BE 16 YEARS OLD)
17-18 Years	Farewell visit, Boosters if needed

- * HBV- Hepatitis B vaccine
- * Dtap- Diphtheria, Tetanus & Acellular Pertussis vaccine
- * HIB- Haemophilus influenza type B vaccine
- * IPV- Polio vaccine
- * PCV15- Pneumococcal 15
- * Hep A- Hepatitis A vaccine
- * Varivax- Varicella (Chickenpox) vaccine
- * MMR- Measles, Mumps & Rubella vaccine
- * ProQuad- Varicella, MMR
- * Tdap- Tetanus, Diphtheria, & Acellular Pertussis booster
- * Menveo- Meningococcal
- * Gardasil 9 - Ages 11-14, *1st dose, *2nd dose - 6 mo. after 1st dose
- * Gardasil 9 - Ages 15 yrs and up, *1st dose, *2nd dose - 2 mo. after 1st dose, *3rd dose- 6 mo. after 1st dose
- * Bexsero – Meningococcal Group B (Booster is 1 month after 1st)
- * We recommend annual Influenza & Covid-19 Vaccines.