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BOARD CERTIFIED
FAMILY PRACTICE

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FAMILY NURSE PRACTITIONER

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BOARD CERTIFIED
FAMILY NURSE PRACTITIONER

Clayton Medical Associates Immunization Policy

As medical professionals, we strongly believe that all children and young adults, without exception, should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention, American Academy of Pediatrics, and the American Academy of Family Physicians.

All patients in the practice are required to receive a minimum of DTaP, Hib, polio, and pneumococcal vaccines by three months of age, all AAP-recommended immunizations by two years of age, and meningococcal vaccine and booster doses of Tdap and varicella vaccines by age 13 years (see current schedule attached). If we do not currently have records of your child's vaccinations, we require these records to be submitted to our office within 60 days of your current visit in order to maintain accurate records of your child's immunizations.

Clayton Medical Associates firmly believes that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers, and that you can perform as parents/caregivers. The recommended vaccines and their schedule given are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

These things being said, we recognize that there has always been and will likely always be controversy surrounding vaccination. If you should absolutely refuse to vaccinate your child despite all our efforts, we will ask you to find another health care provider who shares your views. We do not keep a list of such providers. Please recognize that by not vaccinating you are putting your child at unnecessary risk for life-threatening illness and disability, and even death.

Thank you for your time in reading this policy, and please feel free to discuss any questions or concerns you may have about vaccines with any of the providers here at Clayton Medical Associates.

Today's Date: _____

Patient Name: _____ Pt #: _____

Parent/Guardian Acknowledgement: _____