

Recommended Vaccine Schedules

Outlined below are two options for vaccinating your child. The WholeKids alternative vaccination schedule and the CDC recommended schedule. We have also supplied you with our vaccination policy. Please choose which schedule you would like to follow. Please know that you may change your selection at any time. You acknowledge that delaying certain vaccines may pose a small risk of contracting that disease while awaiting vaccination.

	Option 1: CDC schedule	Option 2: WKP schedule
Birth	Hepatitis B	None
2 month	DTaP, Polio, Hib, Hep B, Prevnar, Rotateq	DTaP, Rotateq
3 month	None	Hib, Prevnar
4 month	TaP, Polio, Hib, Hep B, Prevnar, Rotateq	DTaP, Rotateq
5 month	None	Hib, Prevnar
6 month	DTaP, Polio, Hib, Hep B, Prevnar, Rotateq	DTaP, Rotateq
7 month	None	Hib, Prevnar
9 month	None	Polio
12 month	MMR, Varicella, Hepatitis A	Polio, Prevnar
15 month	Prevnar, Hib	Polio, Hib
18 month	DTaP, Polio, Hepatitis A	DTaP, Chickenpox
2 year	None	MMR
2 ½ year	None	Hepatitis B, Hepatitis A
3 year	None	Hepatitis B
3 ½ year	None	Hepatitis B, Hepatitis A
4 or 5 year	DTaP, Polio, MMR, Chickenpox	DTaP, Polio
5 year	None	MMR
6 year	None	Chickenpox

Patient Name: _____

Please select:

_____ CDC schedule _____ WKP schedule

_____ I have chosen not to vaccinate my child or have discussed a different vaccine schedule.

Parent signature: _____

Date: _____