



Alternative Pediatric Immunization Schedule

<u>Age</u>	<u>Vaccine</u>
2 Months	Pentacel #1, Optional: Rotavirus
3 Months	Pevnar #1
4 Months	Pentacel #2, Optional: Rotavirus
5 Months	Pevnar #2
6 Months	Pentacel #3, Optional: Rotavirus
7 Months	Pevnar #3
9 Months	Hepatitis B #1
10 Months	Hepatitis B #2
12 Months	MMR, Varivax
13 Months	Pevnar #4
15 Months	Hepatitis A #1, DTaP, Hib
18 Months	Hepatitis B #3
21 Months	Hepatitis A #2

“Kindergarten Shots”:

4 Years	MMR, Varivax
5 Years	DTaP, IPV

If immunizations not given at 4 years of age, parents may choose to give MMR and Varivax and return within 2 months for DTaP and IPV.

I have read the above immunization schedule and agree that my child, _____ will be vaccinated accordingly. I understand that doing so will require additional office visits and may require additional co-pays as my health insurance demands. I understand that failure to adhere to this schedule may result in discharge from Pendleton Pediatrics. I may switch from the **Alternative Immunization Schedule** to the **Recommended Immunization Schedule** at any time.

Parent/Legal Guardian Signature

Date