

CAPE COD PEDIATRICS  
55 RT 130  
PO BOX 549  
FORESTDALE MA 02644

(508) 477-5306

(508) 477-0297 (F)

Dear Parent:

RE: Cape Cod Pediatrics Policy Regarding Immunizations

If you would like your child to become a patient of Cape Cod Pediatrics, you need to be aware that your child will be expected to participate in a full vaccination schedule. We no longer accept children into our practice if their parents choose not to have them vaccinated with state mandated vaccines.

A copy of the immunizations that are required is attached. These immunizations are supported and approved by the American Academy of Pediatrics, the Department of Health and Human Services and the Center for Disease Control and Prevention.

We are open to reviewing an alternative immunization schedule if the following circumstances are met:

- 1.) You present in writing your request for a different but complete vaccination schedule.  
This schedule must be accepted before your child becomes a patient of Cape Cod Pediatrics.
- 2.) Once an alternative schedule is agreed to you must agree not to deviate from it.
- 3.) The alternative immunization schedule must begin within the first year.
- 4.) You participate in a full schedule of well child visits including the following milestones:  
1 week, 1 month, 2 month, 4 month, 6 month, 9 month, 12 month, 15 month, 18 month, 24 months and annually thereafter.

Alexander C. Heard, M.D.  
Roshann Hooshmand, M.D.  
Marie Kayton, M.D.

By signing below I am confirming my understanding and agreement to comply with the above requirements.

Child/ren: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

To review the Immunization Schedules please visit the [CDC Vaccine Information](#)