

Date _____

PATIENT(S) INFORMATION

Male
 Female

First MI Last

DOB

Male
 Female

First MI Last

DOB

Male
 Female

First MI Last

DOB

Preferred Language English Spanish Other _____ **Translator Needed?** Yes No

Ethnicity Hispanic or Latino Not Hispanic or Latino Decline to Specify
Race(s) American Indian or Alaskan Native Asian Black or African-American
 Hawaiian Native or Pacific Islander White Decline to Specify

PARENT / LEGAL GUARDIAN 1

Last First SSN DOB

Primary Address City/Town State Zip Code

Email Employer Occupation

Primary Phone Work Phone Cell Phone (Same as Primary Phone)

RELATION TO PATIENT(S) Mother Father Legal Guardian Other _____

PARENT / LEGAL GUARDIAN 2

Last First SSN DOB

Primary Address (Same as above) City/Town State Zip Code

Email Employer Occupation

Primary Phone Work Phone Cell Phone (Same as Primary Phone)

RELATION TO PATIENT(S) Mother Father Legal Guardian Other _____

If parents/legal guardians are divorced or separated, please fill out this section:

Who has custody? _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child(ren) or from obtaining information about the child's medical treatment Yes No

If yes, please explain and provide a copy of any legal paperwork that supports this restriction.

Settlement/financial responsibilities, such as divorce, must be resolved between the parents. We do not get involved with these issues.

EMERGENCY CONTACT

Name of Relative/Friend (**Not** living at the same address with Patient)

Phone

PREFERRED CONTACT METHODS

Medical Issues Parent 1 Phone Parent 2 Phone Parent 1 Email Parent 2 Email

Appointment Reminders Parent 1 Phone Parent 2 Phone Parent 1 Email Parent 2 Email Patient Portal

Patient Portal Parent 1 Email Parent 2 Email No Contact

PRIVACY

Contact Privacy Constraints No Restrictions; OK to Leave Messages/Send Mail

Restricted: Person-to-Person with: Parent / Legal Guardian *and/or* Self/Patient

No Contact

Other Restrictions _____

PREFERRED PHARMACY

Pharmacy Name

Address or Crossroads

INSURANCE

Primary Insurance _____

Secondary Insurance _____

Guarantor Name _____

Guarantor Name _____

Subscriber ID # _____

Subscriber ID # _____

Group # _____

Group # _____

HOW DID YOU HEAR ABOUT US?

Would you like to receive emails from AZKidsDoc Pediatrics for patient and practice communication only? Yes No

Name _____ DOB: _____
First MI Last

Hospital _____

Birth Weight _____ lbs _____ oz **Birth Length** _____ inches **Discharge Weight** _____ lbs _____ oz

Full-Term (40 weeks) Yes No *If no, how many?* _____ weeks gestation

Delivery Vaginal C-Section *If C-Section, why?* _____

Initial Feeding Breast-Milk Formula *If formula, which kind?* _____

Were there any Prenatal or Neonatal Complications Yes No _____

Was there a NICU stay required? Yes No _____

Did the mother have any of the following during this pregnancy?

Yes No	Yes No	Yes No	Yes No
Anemia <input type="checkbox"/> <input type="checkbox"/>	Hypertension <input type="checkbox"/> <input type="checkbox"/>	Drug abuse <input type="checkbox"/> <input type="checkbox"/>	Alcohol <input type="checkbox"/> <input type="checkbox"/>
Bleeding <input type="checkbox"/> <input type="checkbox"/>	Kidney Disease <input type="checkbox"/> <input type="checkbox"/>	Smoking <input type="checkbox"/> <input type="checkbox"/>	Excessive Weight Gain +30 lbs <input type="checkbox"/> <input type="checkbox"/>
Diabetes <input type="checkbox"/> <input type="checkbox"/>	Rubella <input type="checkbox"/> <input type="checkbox"/>	Convulsions <input type="checkbox"/> <input type="checkbox"/>	Unusual Illness or Fever <input type="checkbox"/> <input type="checkbox"/>

Other _____

Did you, the mother, take any medication during this pregnancy?

Yes No	Yes No
Vitamins <input type="checkbox"/> <input type="checkbox"/>	Iron <input type="checkbox"/> <input type="checkbox"/>
Low-Dose Aspirin <input type="checkbox"/> <input type="checkbox"/>	Tylenol <input type="checkbox"/> <input type="checkbox"/>

Other _____

Did your baby have any of the following problems at birth?

Yes No	Yes No	Yes No	Yes No
Color <input type="checkbox"/> <input type="checkbox"/>	Feeding <input type="checkbox"/> <input type="checkbox"/>	Deformity <input type="checkbox"/> <input type="checkbox"/>	Jaundice <input type="checkbox"/> <input type="checkbox"/>
Breathing <input type="checkbox"/> <input type="checkbox"/>	Meconium Staining <input type="checkbox"/> <input type="checkbox"/>	Infection <input type="checkbox"/> <input type="checkbox"/>	Hypospadias <input type="checkbox"/> <input type="checkbox"/>

Other _____

Did your baby have any of the following problems during the first days/week of their life?

Yes No	Yes No
Feeding <input type="checkbox"/> <input type="checkbox"/>	Breathing <input type="checkbox"/> <input type="checkbox"/>
Jaundice <input type="checkbox"/> <input type="checkbox"/>	Infection <input type="checkbox"/> <input type="checkbox"/>

Other _____

Smoking Exposure at Home? Yes No _____

Continue >>

Name _____ DOB: _____

FAMILY HEALTH HISTORY

No Known Family Health Problems / Unknown, Child Is Adopted Foster

Do parents, siblings, grandparents, aunts, uncles and/or cousins have any of the following? If so, who?

Condition(s)	Family Member(s)	Condition(s)	Family Member(s)
ADHD/Attention Problems		Genetic/Metabolic Disorder	
Alcoholism		Headaches/Migraines	
Anxiety/OCD		Heart Disease	
Asthma		Hyperactivity	
Bipolar Disorder		Hypertension	
Birth Defects		Learning Disabilities	
Bleeding/Clotting Disorder		Liver Disease	
Blind/Deaf		Mental Retardation	
Brain or Spinal Tumor		Movement Disorders	
Cancer		Nerve or Muscle Disease	
Cerebral Palsy		Neurofibromatosis	
Craniosynostosis		Seizures/Epilepsy	
Depression		Sleep Disorder	
Developmental Delays		Spina Bifida	
Diabetes		Substance Abuse	
Down Syndrome		Thyroid	
Early or Sudden Death		Tics/Tourette Syndrome	
Fears/Phobias		Tuberous Sclerosis	

Any other issues that the doctor should be aware of? _____

Office Use Only

APGAR Scores 1 Minute _____ 5 Minutes _____

Blood Type A B AB O Unknown

Hearing Test Yes No If Yes Pass Fail

AZKidsDoc Pediatrics

Consent To Treat, Financial Policy and Notice of Privacy Practices Agreement

Name of Child

DOB

Name of Child

DOB

Name of Child

DOB

_____ **Consent To Treat**

Initial
I hereby consent and authorize the performance of all appropriate procedures and course of treatments, the administration of immunizations, anesthetics, and any and all medications which in the judgment of my provider be considered necessary or advisable for my child(ren)'s diagnosis and/or treatment.

_____ **Financial Policy**

- Initial
- **ALL COPAYMENT, COINSURANCE AND DEDUCTIBLE AMOUNTS ARE DUE AT THE TIME OF SERVICE IS RENDERED.**
 - AZKidsDoc Pediatrics' ("AKDP") *Financial Policy* ("Policy"), available at front desk, provides detailed information about AKDP's financial policies. You have the right to review our *Financial Policy* prior to signing this consent.
 - I understand that in consideration of the services provided to the patient, I am directly and primarily responsible to pay the amount of all charges incurred for services and procedures rendered at AKDP. I am responsible for any applicable deductible, co-insurance or co-payments prior to the provision of services.
 - AZKidsDoc Pediatrics may file a claim for payment with my insurance company as required by contractual agreement. If the insurance company fails to pay AKDP in a timely manner for any reason, then I understand I will be responsible for prompt payment of all amounts owed to AKDP. Should the account be referred to a collection agency or attorney for collection, the undersigned shall pay all costs of collection, including reasonable attorney's fee.
 - A \$25.00 fee will be applied to your account should your check be returned by the bank as unpaid.
 - There is a \$25.00 fee for FMLA forms or any physician dictated letters that need to be completed for personal use by the physician.
 - The billing department and/or office manager handle financial matters, not the doctor. Please direct your questions accordingly.
 - Settlements/financial responsibilities, such as divorce, must be resolved between the parents. We do not get involved with these issues.

_____ **Responsibility To Provide Proof Of Insurance**

Initial
I understand that it is my responsibility to provide AZKidsDoc Pediatrics with a copy of my child's current insurance card. If I do not have insurance, I will be considered a Self-Pay patient and I am financially responsible for the total amount of the services provided. I will notify AZKidsDoc Pediatrics immediately upon any change in my insurance.

_____ **Protected Health Information (PHI) Acknowledgement**

Initial

AZKidsDoc Pediatrics *Notice of Privacy Practices* (“Notice”), available at front desk, provides information about how AKDP may use and disclose protected health information about your child to carry out treatment, payment and healthcare operations (TPO). You have the right to review our *Notice of Privacy Practices* prior to signing this consent.

I acknowledge that I have been offered a copy of the AZKidsDoc Pediatrics’ *Notice of Privacy Practices*. I understand that I may revoke this authorization at any time by giving written notification to the office. I understand that I am responsible to read the *Notice* and notify AKDP, in writing, of any request for restrictions in the use or disclosure of my child’s individually identifiable health information. I understand the notice included electronic access to my child’s medical history. AKDP has the right to revise this *Notice* at anytime and will post a copy of the current *Notice* in the office in a visible location at all times and on their website at www.AZKidsDoc.com. AKDP will provide me with a copy of its most recent *Notice* upon my request.

_____ **No-Show/Cancellation Policy**

Initial

Effective August 13, 2018, we began implementing a “no-show” policy, which will affect all patients who do not keep their scheduled appointment or who cancel an appointment with less than a 24-hour notice.

- First occurrence –Parent/Patient will receive a notice advising of our policy.
- Second occurrence – Parent/Patient will receive a 2nd notice and a \$25.00 no-show fee assessment
- Third and subsequent occurrences – May result in dismissal from practice and additional \$25.00 no-show fee

Exceptions will be made case-to-case basis.

Acknowledgement

By signing this *Form*:

- You further acknowledge and understand that you accept the terms outline in each of the above terms and conditions.
- As guarantor of the patient, you agree to pay for all services rendered in accordance with the terms and conditions set forth in the *Financial Policy*.
- You agree to all the information listed above, authorize the release of any medical information necessary to process your child(ren)’s claims and authorize payment of medical benefits to Saguaro Pediatrics, AZKidsDoc Pediatrics and/or Dwayne St. Jacques, MD, PLLC.

Print Name

Signature of Parent / Legal Guardian

Relationship to Child(ren)

Date

Thank you for choosing AZKidsDoc Pediatrics.

Note: This *Agreement* will remain in effect until you notify us of a change.



Bright Futures Parent Handout 2 to 5 Day (First Week) Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

PARENTAL WELL-BEING

How You Are Feeling

- Call us for help if you feel sad, blue, or overwhelmed for more than a few days.
- Try to sleep or rest when your baby sleeps.
- Take help from family and friends.
- Give your other children small, safe ways to help you with the baby.
- Spend special time alone with each child.
- Keep up family routines.
- If you are offered advice that you do not want or do not agree with, smile, say thanks, and change the subject.

NUTRITIONAL ADEQUACY

Feeding Your Baby

- Feed only breast milk or iron-fortified formula, no water, in the first 6 months.
- Feed when your baby is hungry.
 - Puts hand to mouth
 - Sucks or roots
 - Fussing
- End feeding when you see your baby is full.
 - Turns away
 - Closes mouth
 - Relaxes hands

If Breastfeeding

- Breastfeed 8–12 times per day.
- Make sure your baby has 6–8 wet diapers a day.
- Avoid foods you are allergic to.
- Wait until your baby is 4–6 weeks old before using a pacifier.
- A breastfeeding specialist can give you information and support on how to position your baby to make you more comfortable.
- WIC has nursing supplies for mothers who breastfeed.

If Formula Feeding

- Offer your baby 2 oz every 2–3 hours, more if still hungry.

NUTRITION

- Hold your baby so you can look at each other while feeding
- Do not prop the bottle.
- Give your baby a pacifier when sleeping.

Baby Care

- Use a rectal thermometer, not an ear thermometer.
- Check for fever, which is a rectal temperature of 100.4°F/38.0°C or higher.
- In babies 3 months and younger, fevers are serious. Call us if your baby has a temperature of 100.4°F/38.0°C or higher.
- Take a first aid and infant CPR class.
- Have a list of phone numbers for emergencies.
- Have everyone who touches the baby wash their hands first.
- Wash your hands often.
- Avoid crowds.
- Keep your baby out of the sun; use sunscreen only if there is no shade.
- Know that babies get many rashes from 4–8 weeks of age. Call us if you are worried.

NEWBORN CARE

Getting Used to Your Baby

- Comfort your baby.
 - Gently touch baby's head.
 - Rocking baby.
- Start routines for bathing, feeding, sleeping, and playing daily.
- Help wake your baby for feedings by
 - Patting
 - Changing diaper
 - Undressing
- Put your baby to sleep on his or her back.
 - In a crib, in your room, not in your bed.
 - In a crib that meets current safety standards, with no drop-side rail and

NEWBORN TRANSITION

NEWBORN TRANSITION

slats no more than 2³/₈ inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.

- If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
- Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.

Safety

- The car safety seat should be rear-facing in the back seat in all vehicles.
- Your baby should never be in a seat with a passenger air bag.
- Keep your car and home smoke free.
- Keep your baby safe from hot water and hot drinks.
- Do not drink hot liquids while holding your baby.
- Make sure your water heater is set at lower than 120°F.
- Test your baby's bathwater with your wrist.
- Always wear a seat belt and never drink and drive.

SAFETY

What to Expect at Your Baby's 1 Month Visit

We will talk about

- Any concerns you have about your baby
- Feeding your baby and watching him or her grow
- How your baby is doing with your whole family
- Your health and recovery
- Your plans to go back to school or work
- Caring for and protecting your baby
- Safety at home and in the car



American Academy of Pediatrics



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Your Child's First Vaccines

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

The vaccines covered on this statement are those most likely to be given during the same visits during infancy and early childhood. Other vaccines (including measles, mumps, and rubella; varicella; rotavirus; influenza; and hepatitis A) are also routinely recommended during the first five years of life.

Your child will get these vaccines today:

DTaP Hib Hepatitis B Polio PCV13

(Provider: Check appropriate boxes.)

1 Why get vaccinated?

Vaccine-preventable diseases are much less common than they used to be, thanks to vaccination. But they have not gone away. Outbreaks of some of these diseases still occur across the United States. **When fewer babies get vaccinated, more babies get sick.**

7 childhood diseases that can be prevented by vaccines:

1. Diphtheria (the 'D' in DTaP vaccine)

- **Signs and symptoms** include a thick coating in the back of the throat that can make it hard to breathe.
- **Diphtheria can lead to** breathing problems, paralysis and heart failure.
 - About 15,000 people died each year in the U.S. from diphtheria before there was a vaccine.

2. Tetanus (the 'T' in DTaP vaccine; also known as Lockjaw)

- **Signs and symptoms** include painful tightening of the muscles, usually all over the body.
- **Tetanus can lead to** stiffness of the jaw that can make it difficult to open the mouth or swallow.
 - Tetanus kills about 1 person out of every 10 who get it.

3. Pertussis (the 'P' in DTaP vaccine, also known as Whooping Cough)

- **Signs and symptoms** include violent coughing spells that can make it hard for a baby to eat, drink, or breathe. These spells can last for several weeks.
- **Pertussis can lead to** pneumonia, seizures, brain damage, or death. Pertussis can be very dangerous in infants.
 - Most pertussis deaths are in babies younger than 3 months of age.

4. Hib (*Haemophilus influenzae* type b)

- **Signs and symptoms** can include fever, headache, stiff neck, cough, and shortness of breath. There might not be any signs or symptoms in mild cases.
- **Hib can lead to** meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the ears, sinuses, blood, joints, bones, and covering of the heart; brain damage; severe swelling of the throat, making it hard to breathe; and deafness.
 - Children younger than 5 years of age are at greatest risk for Hib disease.

5. Hepatitis B

- **Signs and symptoms** include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. But usually there are no signs or symptoms at all.
- **Hepatitis B can lead to** liver damage, and liver cancer. Some people develop chronic (long term) hepatitis B infection. These people might not look or feel sick, but they can infect others.
 - Hepatitis B can cause liver damage and cancer in 1 child out of 4 who are chronically infected.

6. Polio

- **Signs and symptoms** can include flu-like illness, or there may be no signs or symptoms at all.
- **Polio can lead to** permanent paralysis (can't move an arm or leg, or sometimes can't breathe) and death.
 - In the 1950s, polio paralyzed more than 15,000 people every year in the U.S.



7. Pneumococcal Disease

- **Signs and symptoms** include fever, chills, cough, and chest pain. In infants, symptoms can also include meningitis, seizures, and sometimes rash.
- **Pneumococcal disease can lead to** meningitis (infection of the brain and spinal cord coverings); infections of the ears, sinuses and blood; pneumonia; deafness; and brain damage.
 - About 1 out of 15 children who get pneumococcal meningitis will die from the infection.

Children usually catch these diseases from other children or adults, who might not even know they are infected. A mother infected with hepatitis B can infect her baby at birth. Tetanus enters the body through a cut or wound; it is not spread from person to person.

Vaccines that protect your baby from these seven diseases:

Vaccine	Number of doses	Recommended ages	Other information
DTaP (Diphtheria, Tetanus, Pertussis)	5	2 months, 4 months, 6 months, 15-18 months, 4-6 years	Some children get a vaccine called DT (Diphtheria & Tetanus) instead of DTaP.
Hepatitis B	3	Birth, 1-2 months, 6-18 months	
Polio	4	2 months, 4 months, 6-18 months, 4-6 years	An additional dose of polio vaccine may be recommended for travel to certain countries.
Hib (<i>Haemophilus influenzae</i> type b)	3 or 4	2 months, 4 months, (6 months), 12-15 months	There are several Hib vaccines. With one of them the 6-month dose is not needed.
Pneumococcal (PCV13)	4	2 months, 4 months, 6 months, 12-15 months	Older children with certain health conditions also need this vaccine.

Your healthcare provider might offer some of these vaccines as **combination vaccines**—several vaccines given in the same shot. Combination vaccines are as safe and effective as the individual vaccines, and can mean fewer shots for your baby.

2 Some children should not get certain vaccines

Most children can safely get all of these vaccines. But there are some exceptions:

- A child who has a mild cold or other illness on the day vaccinations are scheduled may be vaccinated. A child who is moderately or severely ill on the day of vaccinations might be asked to come back for them at a later date.
- Any child who had a life-threatening allergic reaction after getting a vaccine should not get another dose of that vaccine. **Tell the person giving the vaccines if your child has ever had a severe reaction after any vaccination.**
- A child who has a severe (life-threatening) allergy to a substance should not get a vaccine that contains that substance. **Tell the person giving your child the vaccines if your child has any severe allergies that you are aware of.**

Talk to your doctor before your child gets:

- **DTaP vaccine**, if your child ever had any of these reactions after a previous dose of DTaP:
 - A brain or nervous system disease within 7 days,
 - Non-stop crying for 3 hours or more,
 - A seizure or collapse,
 - A fever of over 105°F.
- **PCV13 vaccine**, if your child ever had a severe reaction after a dose of DTaP (or other vaccine containing diphtheria toxoid), or after a dose of PCV7, an earlier pneumococcal vaccine.

3 Risks of a Vaccine Reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Most vaccine reactions are not serious: tenderness, redness, or swelling where the shot was given; or a mild fever. These happen soon after the shot is given and go away within a day or two. They happen with up to about half of vaccinations, depending on the vaccine.

Serious reactions are also possible but are rare.

Polio, Hepatitis B and Hib Vaccines have been associated only with mild reactions.

DTaP and Pneumococcal vaccines have also been associated with other problems:

DTaP Vaccine

- **Mild Problems:** Fussiness (up to 1 child in 3); tiredness or loss of appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30)—usually after the 4th or 5th dose.
- **Moderate Problems:** Seizure (1 child in 14,000); non-stop crying for 3 hours or longer (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).
- **Serious problems:** Long term seizures, coma, lowered consciousness, and permanent brain damage have been reported following DTaP vaccination. These reports are extremely rare.

Pneumococcal Vaccine

- **Mild Problems:** Drowsiness or temporary loss of appetite (about 1 child in 2 or 3); fussiness (about 8 children in 10).
- **Moderate Problems:** Fever over 102.2°F (about 1 child in 20).

After any vaccine:

Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

4

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, and difficulty breathing. In infants, signs of an allergic reaction might also include fever, sleepiness, and disinterest in eating. In older children signs might include a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

5

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

6

How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's website at www.cdc.gov/vaccines or www.cdc.gov/hepatitis

Vaccine Information Statement **Multi Pediatric Vaccines**

11/05/2015

42 U.S.C. § 300aa-26

Office Use Only



If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

Reviewed March 2012

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes an important responsibility that could save your child's life, or the life of someone else.

Any time that your child is ill and you:

- call 911;
- ride in an ambulance;
- visit a hospital emergency room; or
- visit your child's doctor or any clinic

you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.

Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

Telling health care professionals your child's vaccination status is essential for two reasons:

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur.
- The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

Before an outbreak of a vaccine-preventable disease occurs in your community:

- Talk to your child's doctor or nurse to be sure your child's medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
- Inform your child's school, childcare facility, and other caregivers about your child's vaccination status. -
- Be aware that your child can catch diseases from people who don't have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can't tell who is contagious.



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When there is vaccine-preventable disease in your community:

- It may not be too late to get protection by getting vaccinated. Ask your child's doctor.
- If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare, or organized activities (for example, playgroups or sports).
- Your school, childcare facility, or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days up to several weeks.
- Learn about the disease and how it is spread. It may not be possible to avoid exposure. For example, measles is so contagious that hours after an infected person has left the room, an unvaccinated person can get measles just by entering that room. -
- Each disease is different, and the time between when your child might have been exposed to a disease and when he or she may get sick will vary. Talk with your child's doctor or the health department to get their guidelines for determining when your child is no longer at risk of coming down with the disease.

Be aware.

- Any vaccine-preventable disease can strike at any time in the U.S. because all of these diseases still circulate either in the U.S. or elsewhere in the world.
- Sometimes vaccine-preventable diseases cause outbreaks, that is, clusters of cases in a given area.
- Some of the vaccine-preventable diseases that still circulate in the U.S. include whooping cough, chickenpox, Hib (a cause of meningitis), and influenza. These diseases, as well as the other vaccine-preventable diseases, can range from mild to severe and life-threatening. In most cases, there is no way to know beforehand if a child will get a mild or serious case.
- For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune.

If you know your child is exposed to a vaccine-preventable disease for which he or she has not been vaccinated:

- Learn the early signs and symptoms of the disease.
- Seek immediate medical help if your child or any family members develop early signs or symptoms of the disease. -

IMPORTANT: Notify the doctor's office, urgent care facility, ambulance personnel, or emergency room staff that your child has not been fully vaccinated before medical staff have contact with your child or your family members. They need to know that your child may have a vaccine-preventable disease so that they can treat your child correctly as quickly as possible. Medical staff also can take simple precautions to prevent diseases from spreading to others if they know ahead of time that their patient may have a contagious disease.

- Follow recommendations to isolate your child from others, including family members, and especially infants and people with weakened immune systems. Most vaccine-preventable diseases can be very dangerous to infants who are too young to be fully vaccinated, or children who are not vaccinated due to certain medical conditions.
- Be aware that for some vaccine-preventable diseases, there are medicines to treat infected people and medicines to keep people they come in contact with from getting the disease.
- Ask your health care professional about other ways to protect your family members and anyone else who may come into contact with your child.
- Your family may be contacted by the state or local health department who track infectious disease outbreaks in the community. -

If you travel with your child:

- Review the CDC travelers' information website (<http://www.cdc.gov/travel>) before traveling to learn about possible disease risks and vaccines that will protect your family. Diseases that vaccines prevent remain common throughout the world, including Europe. -
- Don't spread disease to others. If an unimmunized person develops a vaccine-preventable disease while traveling, to prevent transmission to others, he or she should not travel by a plane, train, or bus until a doctor determines the person is no longer contagious.