



# Provider Consensus Form: Offering Adolescent Vaccines During Non-Well Visits

Name of Practice: \_\_\_\_\_ Date: \_\_\_\_\_

**I firmly believe** that all children and young adolescents should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics.

**I commit** to decreasing missed opportunities to vaccinate by establishing a routine to screen for and offer all adolescent vaccines (Tdap, HPV and Meningococcal) during non-well child (acute) visits.

Print Name	Signature

\*Sign and keep on file

**References:**

National HPV Vaccination Roundtable | American Cancer Society. Available at: <https://www.cancer.org/health-care-professionals/national-hpv-vaccination-roundtable.html> (Accessed: 17th May 2017)  
 Sample Vaccine Policy Statement - p2067.pdf. Available at: <http://www.immunize.org/catg.d/p2067.pdf> (Accessed: 15th May 2017)