Notice of Provisional Admittance and Exclusion

VERMONT
DEPARTMENT OF HEALTH

Vermont's Immunization Rule, which follows 18 V.S.A. § 1123, requires that before entry, children/students must have the required immunizations unless exempt for medical or religious reasons. Immunization records submitted for the child/student named below are missing or incomplete. Failure to provide the required documentation may result in exclusion from child care or school.

If the vaccine dose(s) circled below have been received, please submit an updated immunization record immediately.

If the child/student has an appointment scheduled to receive the missing vaccine(s) the provisional admittance section below must be completed by a health care provider and submitted to the child care or school.

Failure to comply with the Immunization Rules will result in exclusion from child care or school on (mm/dd/yy) ____/____/____. Call the school nurse or administrator_____at _____to discuss this notice.

_____ _____
Child/Student first and last name Date of birth

____There is no record of immunizations or exemption on file at the school for the student named above.

____The vaccine and dose(s) circled below show what is needed for the student to meet the VT school immunization rule.

____The vaccine and dose(s) circled do not meet the recommendations for complete vaccination according to the CDC and VT school immunization rule. Additional dose(s) is/are required.

Vaccine Type	Dose/Doses Missing
Diphtheria, tetanus, and pertussis (DTaP/Td/Tdap)	1 2 3 4 5 1 (Tdap)
Polio **not applicable for college students*	1 2 3 4
Measles, mumps, and rubella (MMR)	1 2
Hepatitis B	1 2 3
Varicella (Chicken Pox) ** or documentation of history of disease*	1 2
Meningococcal ACWY ** required only for residential (dormitory) students in 7-12th grade, and first year dormitory college students*	1 2
Pneumococcal (PCV) **required only for childcare*	1 2 3 4
Haemophilus influenzae type b (Hib) **required only for childcare*	1 2 3 4

Provisional Admittance Request:

The child/student named above is in the process of completing vaccine requirements. A vaccination appointment is scheduled on (mm/dd/yy) ____/____/____. Upon vaccination the parent will be provided documentation and advised to submit the updated immunization record to the child care program or school.

_____ _____
Print Name of Health Care Provider Signature of Health Care Provider

Date: ___/___/___ Telephone Number: _____

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