

Immunizations Required by Vermont Law

1. You must be in compliance with the following required immunizations, as outlined in the table below. **Students will be required to receive a Covid vaccine and be up to date with required Covid boosters prior to arrival on campus this year. Flu vaccine will be required during the upcoming flu season (fall/winter). Students will be provided an option to receive flu vaccine free of charge during the fall semester at Middlebury.**
2. **Obtain an official copy of your Immunization Record (and a Request for Provisional Admittance, if requirements not yet met) from your health care provider, then upload it through the Student Health Portal. Records MUST be legible and in English.**
3. Students who have no record of immunizations or have incomplete immunizations must submit a Request for Provisional Admittance form (in this packet).
4. In rare cases, you will not be able to obtain a record of immunizations. In that case, try to obtain these records from previously attended schools or from your State Immunization Registry. Blood tests can be obtained to determine immunity.
5. Please have your health care provider review these guidelines.
6. Students who do not show evidence of meeting the Vermont Immunization requirements will not receive access to a dorm room until a plan for completion of requirements is developed with Health Services at the Center for Health and Wellness. Registration for classes in subsequent semesters will be blocked and students may ultimately be excluded from school, in accordance with Vermont Law.

The following Vermont State requirements MUST BE MET:

HEPATITIS B	3 Doses of Recombivax HB or Engerix-B: <ul style="list-style-type: none"> • Minimum 1 month between doses 1 and 2 • Minimum 2 months between doses 2 and 3 • Minimum 4 months between doses 1 and 3R OR 2 doses of Heplisav-B minimum 4 weeks apart* OR Positive Titer <small>*There may be other acceptable Hep B immunization schedules</small>
MENINGITIS (ACWY) <ul style="list-style-type: none"> • (Meningitis B is optional) 	One dose, given after 16th birthday <ul style="list-style-type: none"> • If first dose given before 16th birthday, must have 2nd dose
MMR (Measles, Mumps, Rubella)	2 doses: MMR, *MMRV or Individual Vaccines <ul style="list-style-type: none"> • First dose given AFTER first birthday • At least 4 weeks between doses OR Positive Titers <small>*MMRV : Measles / Mumps / Rubella / Varicella</small>
TETANUS, DIPHTHERIA, PERTUSSIS	1 dose: Tdap (Tetanus, Diphtheria, and Pertussis) Must be Tdap. <ul style="list-style-type: none"> • NOT ACCEPTED: Td, DTap, or DT
VARICELLA	2 doses: Varicella or MMRV <ul style="list-style-type: none"> • First dose given AFTER first birthday • At least 4 weeks between doses OR Positive Titer OR History of disease (document on Varicella disease form)