

Request for Provisional Admittance

Dear Student,

Prior to college entry, Vermont's Immunization Rule requires that students have certain immunizations. Exemptions exist for medical or religious reasons. Students are allowed provisional admittance temporarily IF the student has an appointment scheduled to receive the missing vaccine(s), consistent with the Centers for Disease Control and Prevention (CDC) immunization schedule. Please bring this form to your health care provider for completion (IF provisional admittance is requested). Please upload this completed form with your current Immunization record. International students who are unable to obtain certain vaccinations in their home country can contact Health Services at 802-443-3290 or at healthservices@middlebury.edu for guidance. International students who are unable to obtain required Immunizations in their home country, can indicate a "scheduled appointment" on arrival date at Middlebury.

			Student
first/last name	Date of Birth	MC ID#	
Failure to comply with	the Immunization Rule	s will result in exclu	ision from Middlebury
College on <u>01/23/2023</u> .			

The student named above is in the process of completing vaccine requirements. Vaccination Appointment(s) scheduled as follows:

Vaccines scheduled:

Vaccine	Dose(s) Missing	Scheduled appointments
Hepatitis B	1 2 3	(mm/dd/yy) / (mm/dd/yy) //
Measles, Mumps, Rubella (MMR)	1 2	(mm/dd/yy)/
Varicella (Chicken Pox) (Or documentation of disease)	1 2	(mm/dd/yy)/
Meningococcal (A,C,W,Y) (dose required after age 16 yo)	1	(mm/dd/yy)/
Tdap within 10 years (one dose after completion of childhood series, then Td or Tdap within 10 years)	1	(mm/dd/yy) //

Upon vaccination	, the student will be	provided do	ocumentation	and ac	dvised to	submit t	the updated	immuniza	atior
record by upload	ing to the student he	ealth portal.							

Print Name of Health Care Provider	Signa	ture of Health Care Provider

Date:	/	Phone:

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