

Notice of Missing Immunizations



Student's name: _____ **Date of birth** _____

School records indicate that immunization requirements for attendance for the student named above are incomplete. If the student has received the circled dose/doses please present an immunization record to the school health office immediately.

- There is no record of any immunizations on file at the school for the student named above. Please submit a complete immunization record or exemption form to the school health office immediately.
- The dose/doses circled below indicate what vaccine is needed for the student to meet school immunization requirements.
- The dose/doses circled do not meet the recommendations for complete vaccination according to the CDC Advisory Committee on Immunization Practice and the Vermont Department of Health immunization requirements. The vaccination will need to be repeated.

Vaccine Type	Dose/Doses Needed					
DTaP/Td/Tdap	1	2	3	4	5	1 Tdap
Polio <i>*not applicable for post-secondary schools</i>	1	2	3	4		
MMR	1	2				
Hepatitis B	1	2	3			
Varicella (Chicken Pox) <i>* or documentation of history of disease</i>	1	2				
Meningococcal <i>* only required for students who are living in a dormitory or campus-based housing and entering 7-12th grade, or post-secondary school</i>	1					

For questions please contact:

Name of school nurse or administrator

Date: ___/___/___

Telephone Number: _____