



**BRIDGEWATER VILLAGE SCHOOL**  
P.O. Box 31, Bridgewater, VT 05034  
Phone - 802-672-3464  
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### IMMUNIZATIONS POLICY

CODE: F27

The school believes that all students within our district should be immunized to insure their safety and the safety of others. The Vermont Immunization Law, Section 1, 18 VSA, Chapter 21, subchapter 4, requires new enterers and transfer students to be immunized before school entry unless exempted for medical, religious, or moral reasons.

We follow the requirements of the State of Vermont Immunization Department, as specified in the attached requirements:

| <b>Unit: Board of:</b> | <b>Warned</b> | <b>Adopted</b> | <b>Re-warned:</b> | <b>Re-adopted</b> |
|------------------------|---------------|----------------|-------------------|-------------------|
| Bridgewater            | 8/16/01       | 9/26/01        |                   |                   |

**Immunization Schedule**  
**The Vermont Department of Health**

800-464-4343 ext 7638

[www.healthyvermonters.info](http://www.healthyvermonters.info)

108 Cherry Street, P.O. Box 70, Burlington, VT 05402-0070

|                                      | at birth | 2 months                          | 4 months | 6 months                            | 12-15 months | 15-18 months | 4-6 years (before school) | 11-12 years                                     | 14-16 years |
|--------------------------------------|----------|-----------------------------------|----------|-------------------------------------|--------------|--------------|---------------------------|---|-------------|
| DTaP: diphtheria, tetanus, pertussis |          | DTaP                              | DTaP     | DTaP                                |              | DTaP         | DTaP                      | Td (Tetanus/diphtheria) every 10 years for life |             |
| Influenza                            |          |                                   |          | Annually - ask your doctor          |              |              |                           |   |             |
| MMR: measles, mumps, rubella         |          |                                   |          |                                     | MMR          |              | MMR                       | Ask your doctor                                 |             |
| Varicella: chicken pox               |          |                                   |          |                                     | Varicella    |              |                           | Ask your doctor                                 |             |
| Hepatitis B                          |          | Hepatitis B (2 doses by 4 months) |          | Hepatitis B (3rd dose by 18 months) |              |              |                           | Ask your doctor                                 |             |
| IPV: Polio                           |          | IPV                               | IPV      | IPV                                 |              |              | IPV                       |   |             |
| Hib: haemophilus influenzae b        |          | Hib                               | Hib      | Hib                                 | Hib          |              |                           |   |             |
| PCV: pneumococcal disease            |          | PCV                               | PCV      | PCV                                 | PCV          |              |                           |   |             |