

# STUDENT IMMUNIZATION RECORD

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The age/grade specific requirements are listed below in Step 2. These requirements can be waived only if a properly signed health, 1<sup>st</sup> dose religious, or personal conviction waiver is filed with the school (see "Waivers" listed below in Step 3).

## Step 1: Immunization History

List the MONTH, DAY and YEAR your child received each of the following immunizations. DO NOT USE A (√) OR (X). If you do not have an immunization record for this student at home, contact your doctor or public health agency to obtain the dates.

Type of Vaccine	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	4 <sup>th</sup> Dose	5 <sup>th</sup> Dose
	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr
<b>DTP/DTaP/DT/Td</b> Diphtheria-Tetanus-Pertussis					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
<b>Polio</b>					
<b>Hepatitis B</b>					
<b>MMR</b> (Measles, Mumps, Rubella)					
<b>Varicella (Chicken Pox Vaccine)</b> Vaccine is required only if Your child has not had the chicken pox disease. See below:					
Has your child had Varicella (chicken pox) disease? Check the appropriate box and provide the month and year if known: <input type="checkbox"/> Yes Month & Year: _____ (no vaccine needed) <input type="checkbox"/> No or unsure (vaccine needed)					

## Step 2: Requirements

Age/Grade	NUMBER OF DOSES					
	DTP/DTaP/DT <sup>2,6</sup>	Tdap <sup>5</sup>	Polio <sup>3</sup>	MMR <sup>1</sup>	Hep B	Varicella <sup>4</sup>
2 years – 4 years	4		3	1	3	1
Kindergarten – grade 5	4		4	2	3	2
Grade 6 - 12	4	1	4	2	3	2

- 1: MMR vaccine must have been received on or after the first birthday.
  - 2: For kindergarten only, at least one dose to be received after 4 years of age unless medically contraindicated.
  - 3: If your child received the 3<sup>rd</sup> dose of polio after the 4<sup>th</sup> birthday, further doses are not required.
  - 4: Vaccine is required only if your child has not had the chicken pox disease.
  - 5: Students who received a dose of tetanus or diphtheria containing vaccine such as Td within the past 5 years of entering a grade for which Tdap is required, is not required to receive Tdap vaccine.
  - 6: Four doses required, however if a student received third dose after 4<sup>th</sup> birthday, that is acceptable.
- Note:** Hib is Haemophilus influenza b and only required for children in licensed day care centers. Do not report on this form. Hep B is Hepatitis B vaccine. They are NOT the same and are NOT interchangeable.

## Step 3: Compliance Data

**IF STUDENT MEETS ALL REQUIREMENTS** – SIGN below at STEP 4 and return this form to school.

**IF STUDENT DOES NOT MEET ALL REQUIREMENTS** – Check the appropriate box below and sign at STEP 4 and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has not received ALL required doses of vaccine, the FIRST DOSE of all required vaccines has been received. I understand that if DTP/DT/Td and polio vaccines are required for my child's grade, the SECOND DOSE of each must be received by the 90<sup>th</sup> day after admission to school this year and that the THIRD DOSE (and FOURTH DOSE if required) must be received by the 30<sup>th</sup> school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine. **NOTE: Failure to stay on schedule and notify the school may result in court action and a fine up to \$25 per day of violation.**

<input type="checkbox"/> For health reasons, this student should not receive the following immunizations:
Physician Signature: _____
<input type="checkbox"/> For religious reasons, this student should not be immunized (Please list any immunizations received in Step 1)
<input type="checkbox"/> For personal conviction reasons, this student should not be immunized (Please list any immunizations received in Step 1)

## Step 4: Signature

This form is complete and accurate to the best of my knowledge. By signing this form, I give permission to share my child's immunization records with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization. **Check here if you do not give your permission:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_