## STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

immunizations may be recommended for your child depending on his/her age. Please contact your doctor or local health department to determine if The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. Additional our child needs additional immunizations.

Grade/Age			Number	Number of Doses		
Pre-K (ages 2 through 4 yrs) 4 DTaP/DTP/DT	4 DTaP/DTP/DT1		3 Polio	3 Hepatitis B <sup>5</sup>	1 MMR <sup>6</sup>	1 Varicella <sup>7</sup>
5K Kindergarten through Grade 5	4 DTaP/DTP/DT/Td <sup>1,2</sup>		4 Polio <sup>4</sup>	3 Hepatitis B <sup>5</sup>	2 MMR <sup>6</sup>	2 Varicella <sup>7</sup>
Grades 6 through 12	4 DTaP/DTP/DT/Td <sup>1</sup>	1 Tdap <sup>3</sup>	4 Polio <sup>4</sup>	3 Hepatitis B <sup>5</sup>	2 MMR <sup>6</sup>	2 Varicella <sup>7</sup>

- However, if a student received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. Note: a dose four days or less before the 4th D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DT/Td vaccine for all students <u>Pre-K through 12.</u> Four doses are required birthday is also acceptable.
- DTaP/DTP/DT vaccine for children entering 5K Kindergarten: Each student must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4th, or 5th dose) to be compliant. Note: a dose four days or less before the 4th birthday is also acceptable. ď
  - Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required. Tdap is adolescent tetanus, diphtheria and acellular pertussis vaccine. If a student received a dose of a tetanus-containing vaccine, such as က
    - Polio vaccine for students entering grades 5K Kindergarten through 12. Four doses are required. However, if a student received the 3<sup>rd</sup> dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable. 4.
      - 5. Laboratory evidence of immunity to hepatitis B is also acceptable. 6. MMR is measles, mumps, and rubella vaccine. The first dose of MM
- dose four days or less before the 1st birthday is also acceptable. Laboratory evidence of immunity to all three diseases (measles and mumps MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday Note: a and rubella) is also acceptable.
  - Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable. 7.

## **DEPARTMENT OF HEALTH SERVICES**

PERSONAL DATA

Division of Public Health F-04020L (Rev. 06/2017)

## STATE OF WISCONSIN

Wis. Stat. §§ 252.04 and 120.12 (16)

## STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. 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 current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions regarding immunizations, or how to complete this form contact your child's school or local health department.

	PERSONAL DATA PLEASE PRINT								
Step 1	Student's Name	Birthd	ate (Mo/Day/Yr)	Gender	Schoo	ol .	Grade	Sch	nool Year
	Name of Parent/Guardian/Legal Custodian	ian Address (Street, City, State, Zip) Telephone (						e Nu	mber
	IMMUNIZATION HISTORY								
Step 2	List the MONTH, DAY, AND YEAR your child a question about chickenpox, Tdap, or Td. If you department to obtain it.								
	TYPE OF VACCINE*		FIRST DOSE Mo/Day/Yr	SECOND DO Mo/Day/Yi		THIRD DOSE Mo/Day/Yr	FOURTH DOS Mo/Day/Yr	- 1	FIFTH DOSE Mo/Day/Yr
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)								
	Adolescent booster (Check appropriate box)  ☐ Tdap ☐ Td								
	Polio		İ						-
	Hepatitis B								
	MMR (Measles, Mumps, Rubella)			-					
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not ha chickenpox disease. See below:								
	Has your child had Varicella (chickenpox) disea appropriate box and provide the year if known:  YES year (Vaccine not required)	eck the	or previous	Has your child had a blood test (titer) that shows immunity (hac or previous vaccination) to any of the following? (Check all that □ Varicella □ Measles □ Mumps □ Rubella □ Hep			all that apply)		
	□ NO or Unsure (Vaccine required)					oratory report(s)	_		,
	REQUIREMENTS				-	<del></del>			
Step 3	Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.								
Step 4	COMPLIANCE DATA STUDENT MEETS ALL REQUIREMENTS								
oteh 4	Sign at Step 5 and return this form to school.  Or								
	STUDENT DOES NOT MEET ALL REQUIREMENTS								
:	Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETLY 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(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th 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 may result in exclusion from school, court action and/or forfeiture penalty.								
	WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)								
	For health reasons this student should not receive the following immunizations								
	SIGNATURE - Physician Date Signed								
1	SIGNATURE - Physician  Date Signed  For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)  DTaP/DTP/DT/Td								
	For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that								
L	SIGNATURE								
Step 5	This form is complete and accurate to the best of my knowledge. Check one: ( I do left of left								nav revoke this
	SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed								