P-44021 (Rev. 07/13)

## STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS 2014 SCHOOL YEAR and Beyond

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses								
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT <sup>2</sup>		3 Polio	3 Hep B	1 MMR <sup>5</sup>	1 Var <sup>6</sup>			
Grades K through 5	4 DTP/DTaP/DT/Td <sup>1,2</sup>		4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>			
Grades 6 through 12	4 DTP/DTaP/DT/Td <sup>2</sup>	1 Tdap <sup>3</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>			

- 1. DTP/DTaP/DT vaccine for children entering **Kindergarten**: Your child must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> dose) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
- 2. DTP/DTaP/DT/Td vaccine for all students <u>Pre K through 12:</u> Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
- Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
- 4. Polio vaccine for students entering grades <u>Kindergarten through 12:</u> Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
- 5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).
- 6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

F-04020L (Rev. 07/12)

STATE OF WISCONSIN 252.04 and 120.12 (16) Wis. Stats.

## 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 on immunizations or how to complete this form, contact your child's school or local health department.

	PERSONAL DATA	Р	LEASE PRINT							
Step	Student's Name	Birthdat	e (Mo/Day/Yr)	Gender	School Grade Sc			Scho	ol Year	
	Name of Parent/Guardian/Legal Custodian	Address	(Street, City, St	ate, Zip)	p) Telephone Number					
	IMMUNIZATION HISTORY	MMUNIZATION HISTORY								
Step 2	List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A ( $$ ) OR (X) except to an question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or p department to obtain it.								answer the r public health	
	TYPE OF VACCINE*		FIRST DOSE SECOND DOS Mo/Day/Yr Mo/Day/Yr							FIFTH DOSE Mo/Day/Yr
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Per									
	Adolescent booster (Check appropriate boo	;)								
	Polio									
	Hepatitis B									
	MMR (Measles, Mumps, Rubella)									
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not chickenpox disease. See below:	had								
	And provide the year if known:	YES year (Vaccine not required)								
	REQUIREMENTS									1,25,000
Step 3	Refer to the age/grade level requirements for	the curre	nt school year to	determine if	this stu	dent meets the re	equireme	ents.		
	COMPLIANCE DATA									
Step 4	STUDENT MEETS ALL REQUIREMENTS	TUDENT MEETS ALL REQUIREMENTS								
	Sign at Step 5 and return this form to school.					11			1.7	
	STUDENT DOES NOT MEET ALL REQUIREMENTS  Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETEY 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 and no	tify the s	chool may result	t in court ac	tion ar	d a fine of up to	\$25.00	per day	of vic	olation.
	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				D	ate Signed				
	For religious reasons this student shou	ld not be	immunized.							
	For personal conviction reasons this s	tudent sh	ould not be immu	nized.						
	LIST VACCINE(S) WAIVED		77 - 300 S - 300 - 1		<del>)</del>					
	SIGNATURE									
Step 5	immunization records and as they are updated	s form is complete and accurate to the best of my knowledge. Check one: ( I do I do not) give permission to share my child's current nunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this sent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new ords or updates to the WIR.								revoke this
	SIGNATURE - Parent/Guardian/Legal Custodia	n or Adul	t Student		Da	ate Signed				