## **DEPARTMENT OF HEALTH & FAMILY SERVICES**

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

Division of Public Health DPH 4020L (Rev. 02/08)

## 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	PL	EASE PRINT							
1	Student's Name	Birthdate	e (Mo/Day/Yr)	Gender	Scho	ool		Grade School Year		
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)					Telephone Number			
II	MMUNIZATION HISTORY						, ,			
2	List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (1) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.									
	TYPE OF VACCINE*		FIRST DOSE Mo/Day/Yr	SECOND DO Mo/Day/Y		THIRD DOSE Mo/Day/Yr	FC	OURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr	
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)									
	Adolescent booster (Check appropriate box)  Tdap  Td									
	Polio									
	Hepatitis B							*Hib vaccine is only required for children in licensed day care centers. Do not report the dates your child received Hib vaccine this form.		
	MMR (Measles, Mumps, Rubella)									
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not chickenpox disease. See below:									
	Has your child had Varicella (chickenpox) of And provide the year if known:  YES									
L	REQUIREMENTS									
3	Refer to the age/grade level requirements for	r the curre	ent school year to	determine if	this st	udent meets the r	equire	ments.		
L	COMPLIANCE DATA									
4	STUDENT MEETS ALL REQUIREMENTS 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 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 FOURT 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 notify the school may result in court action and a fine of up to \$25.00 per day of violation.									
	<u>WAIVERS</u> (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				
	For religious reasons this student should not be immunized.									
	For personal conviction reasons this student should not be immunized.									
	LIST VACCINE(S) WAIVED									
L	SIGNATURE									
5	This form is complete and accurate to the be	est of my k	nowledge.							
1	SIGNATURE - Parent/Guardian/Legal Custo	odian or Ad	dult Student			Date Signed				