STATE OF WISCONSIN

Division of Public Health F-04020L (Rev. 05/11)

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 | PLEA | ASE PRINT | | | | | | |
|--------|---|---------------|-------------------------|-------------------------|-----|---------------------------|-------------------------|------------------|------------------------|
| Step 1 | Student's Name | Birthdate | (Mo/Day/Yr) | Gender | Sch | ool | Grade | School Ye | ear |
| | Name of Parent/Guardian/Legal Custodian | Address (| Street, City, Sta | reet, City, State, Zip) | | | Telephor | Telephone Number | |
| | MMUNIZATION HISTORY | | | | | | ` ′ | | |
| Step 2 | | | | | | | | | |
| | TYPE OF VACCINE* | | FIRST DOSE Mo/Day/Yr | SECOND DO Mo/Day/Y | | THIRD DOSE F Mo/Day/Yr | FOURTH DOS Mo/Day/Yr | | FTH DOSE //o/Day/Yr |
| | DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis) | | | | | | | | |
| | Adolescent booster (Check appropriate box | () | | | | | | | |
| | Polio | | | | | | | | |
| | Hepatitis B | | | | | | | | |
| | MMR (Measles, Mumps, Rubella) | | | | | | | | |
| | Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below: | | | | | | | | |
| | Has your child had Varicella (chickenpox) d And provide the year if known: YES year (Vac | | oriate box | | | | | | |
| | ☐ NO or Unsure (Vaccine required) | | | | | | | | |
| | REQUIREMENTS | | | | | | | | |
| Step 3 | Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements. | | | | | | | | |
| 01 4 | COMPLIANCE DATA STUDENT MEETS ALL REQUIREMENTS | | | | | | | | |
| Step 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 INCOMPLETEY IMMUNIZED MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS. | | | | | | | | TUDENTS |
| | Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and For 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 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 sh | ould not be i | mmunized. | | | | | | |
| | For personal conviction reasons this student should not be immunized. | | | | | | | | |
| | LIST VACCINE(S) WAIVED | | | | | | | | |
| l | SIGNATURE | | | | | | | | |
| Step 5 | This form is complete and accurate to the best of my knowledge. Check one: (I do | | | | | | | | |
| | SIGNATURE - Parent/Guardian/Legal Custo | odian or Adul | It Student | <u>.</u> . | - | Date Signed | | | |