

**STUDENT IMMUNIZATION LAW  
 AGE/GRADE REQUIREMENTS  
 2011- 2012 SCHOOL YEAR**

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 3	4 DTP/DTaP/DT/Td <sup>1</sup>		4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>
Grades 4 through 5	4 DTP/DTaP/DT/Td <sup>2</sup>		4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	1 Var <sup>6</sup>
Grades 6 through 9	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>
Grades 10 through 11	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>	1 Var <sup>6</sup>
Grade 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>

7. 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).
8. DTP/DTaP/DT/Td vaccine for students entering Pre K and grades 1 through 12: 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).
9. 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.
10. Polio vaccine for students entering grades Kindergarten through 12: 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).
11. 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).
12. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

### 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** **PLEASE PRINT**

<b>Step 1</b> Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)			Telephone Number ( )

**IMMUNIZATION 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 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 DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
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) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> 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.

**COMPLIANCE DATA**

**Step 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 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(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 notify the school may result in court action and a fine of up to \$25.00 per day of violation.**

**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

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

\_\_\_\_\_  
 LIST VACCINE(S) WAIVED

**SIGNATURE**

**Step 5** 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

\_\_\_\_\_  
 SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed