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	PL	EASE PRINT					
Step 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 ()			
	IMMUNIZATION HISTORY							
Step 2	,							
	TYPE OF VACCINE*		FIRST DOSE Mo/Day/Yr	SECOND DO Mo/Day/Y		THIRD DOSE Mo/Day/Yr	FOURTH DO: Mo/Day/Yr	
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Per	tussis)						
	Adolescent booster (Check appropriate box) Tdap Td							
	Polio							
	Hepatitis B							
	MMR (Measles, Mumps, Rubella)							
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not chickenpox disease. See below:	had						
	Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: YES							
	□ NO or Unsure (Vaccine required)							
o	REQUIREMENTS Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.							
Step 3								
	COMPLIANCE DATA							
Step 4	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. Or Or							
	STUDENT DOES NOT MEET ALL REQUIREMENTS							
	Check the appropriate box below, sign at Ste MAY BE EXCLUDED FROM SCHOOL IF A					MPLETEY IMM	IUNIZED STUDENTS	
	Although my child has NOT received A SECOND DOSE(S) must be received DOSE(S) if required must be received writing each time my child receives a contract of the second second second second second second second second sec	by the 90t by the 30	r admission t	o sch	ool this year, and tha	at the THIRD [DOSE(S) and FOURTH	
	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. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.							
	SIGNATURE - Parent/Guardian/Legal Custo	lult Student			Date Signed			