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

STATE OF WISCONSIN

Division of Public Health DPH 4020L (Rev. 02/08) 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	School		Grade	School Year	
	Name of Parent/Guardian/Legal Custodian	Address	ess (Street, City, State, Zip)  Telephone Number						
								( )	
Step 2	IMMUNIZATION HISTORY  List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR (X) except to answer the								
- 4000	question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public he obtain it.								
	TYPE OF VACCINE*		FIRST DOSE Mo/Day/Yr	SECOND Do Mo/Day/\		RD DOSE b/Day/Yr	FOURTH DOS Mo/Day/Yr	E FIFTH DOSE Mo/Day/Yr	
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Per	tussis)							
	Adolescent booster (Check appropriate booking Tdap Td								
	Polio			•			<del></del>		
	Hepatitis B					Hib vaccine is only required for children in licensed day care			
	MMR (Measles, Mumps, Rubella)					centers. Do <u>not</u> report the dates			
		/aricella (Chickenpox) Vaccine /accine is required only if your child has not had hickenpox disease. See below:					your child received Hib vaccine on this form.		
	Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known:								
	☐ YÉS year (Vaccine not required) ☐ NO or Unsure (Vaccine required)								
Step 3	REQUIREMENTS  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 INCOMPLETEY IMMUNIZED STUDE 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 FO 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 r	notify the	school may resu	ılt in court a	ction and a	fine of up to \$	25.00 per day	y 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 be	est of my k	nowledge.						
	CIGNATURE Percent/Curedian/Lengt Cured	dian at 1	Ault Ctudoot			o Cianad		<del></del>	
	SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed								