Division of Public Health F-04020L (Rev. 6/2020)

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 only be waived 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 purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1	PERSONAL DATA	PERSONAL DATA PLEASE PRINT						
	Student's Name	Birthdate (MM/DD/YY)	Y) Gender	School		Grade	School Year	
	Name of Parent/Guardian/Legal Custodian	Address (Street,	City, State, Z	lip)	Teleph	one Numbe	l ;r	
Step 2	IMMUNIZATION HISTORY							
	List the MONTH, DAY, AND YEAR your child rec question about chickenpox, Tdap, or Td. If you d department to obtain it.	o not have an immuniz	zation record	for this student at home	e, contact your	doctor or p		
		FIRST DOSE MM/DD/YYYY	SECOND DC MM/DD/YY		FOURTH DC MM/DD/YY		FIFTH DOSE /IM/DD/YYYY	
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)							
	Adolescent booster (Check appropriate box)			1				
	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) diseas appropriate box and provide the year if known:	e? Check the	previous vac	ild had a blood test (tite ccination) to any of the	following? (Che	eck all that a	apply)	
	YES Year (Vaccine not required)			Measles Mump ide laboratory report(s)			SB	
01	NO or Unsure (Vaccine required)		ii 120, piov					
Step 3	REQUIREMENTS							
Step 4	Refer to the age/grade level requirements for the COMPLIANCE DATA	current school year to	determine ir	this student meets the	requirements.			
	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 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 the 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 may result in exclusion from school, court action and/or forfeiture penalty.							
	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 Sign	ed			
	For religious reasons, I have chosen not DTaP/DTP/DT/Td DTdap, DPolic			0	`	apply)		
	For personal conviction reasons, I have DTaP/DTP/DT/Td Tdap Polio					eck all that	apply)	
Step 5	SIGNATURE							
	This form is complete and accurate to the best of immunization records and as they are updated in consent at any time by sending written notificatio records or updates to the WIR.	the future with the Wi	sconsin Imm	unization Registry (WIR	R). I understand	d that I may	revoke this	
	SIGNATURE - Parent/Guardian/Legal Custodian	or Adult Student		Date Signed				