STATE OF WISCONSIN

Division of Public Health F-04020L (Rev. 08/10)

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	PLE	EASE PRINT						
tep 1	Student's Name	Birthdate	e (Mo/Day/Yr)	Gender	School	G	Grade	School Year	
	Name of Parent/Guardian/Legal Custodian	Address	Address (Street, City, State, Zip)				Telephone Number ()		
	MMUNIZATION HISTORY								
ер 2	List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (1) 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 DO Mo/Day/Y			RTH DOSE D/Day/Yr	FIFTH DOSE Mo/Day/Yr	
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)								
	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 had chickenpox disease. See below:								
	Has your child had Varicella (chickenpox) d And provide the year if known: YES year (Vac		riate box						
	□ NO or Unsure (Vaccine required)								
	REQUIREMENTS								
р3	Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.								
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 STUDENT 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 FOUR?								
	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.								
	<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 should not be immunized.								
	For personal conviction reasons this student should not be immunized.								
	LIST VACCINE(S) WAIVED								
tep 5	SIGNATURE This form is complete and accurate to the he	est of my k	nowledge Ry sig	aning this for	m I give permission to s	hare my c	hild'e im	munization records	
	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 assuring full immunization. Check here if you do not give your permission								
	SIGNATURE - Parent/Guardian/Legal Custo	ndian or Ac	fult Student		Date Signed				