Wis. Stat. §§ 252.04 and 120.12 (16)

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.

PERSONAL DATA	PLEASE PRINT						
Student's Name	Birthdate (MM/DD/Y	(YY) Gender	School		Grade	School Year	
Name of Parent/Guardian/Legal Custodian	Address (Stree	t, City, State, Z	l Zip)	Teleph	l none Numbe	er	
IMMUNIZATION HISTORY							
List the MONTH, DAY, AND YEAR your child question about chickenpox, Tdap, or Td. If yo department to obtain it.							
TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DO MM/DD/YY				FIFTH DOSE MM/DD/YYYY	
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 chickenpox disease. See below:	had						
as your child had Varicella (chickenpox) disease? Check the oppopriate box and provide the year if known:		Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply)					
YES Year (Vaccine not required)				Mumps ☐ Rubella			
□ NO or Unsure (Vaccine required)			If YES, provide laboratory report(s)				
REQUIREMENTS		l					
Refer to the age/grade level requirements for	the current school year	to determine if	this student meet	s the requirements.			
COMPLIANCE DATA							
STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. Or							
STUDENT DOES NOT MEET ALL REQUIR	EMENTS						
Check the appropriate box below, sign at Ste MAY BE EXCLUDED FROM SCHOOL IF AN	p 5, and return this form				IMMUNIZEI	STUDENTS	
Although my child has NOT received A SECOND DOSE(S) must be received boose(S) if required must be received writing each time my child receives a d	LL the required doses of by the 90th school day at by the 30th school day n	f vaccine, the F fter admission	FIRST DOSE(S) hato school this year	as/have been receiv	D DOSE(S)	and FOURTH	
NOTE: Failure to stay on schedule may r	esult in exclusion from	school, cour	t action and/or fo	orfeiture penalty.			
WAIVERS (List in Step 2 above, the date	e(s) of any immunizations	s your child has	s already received)			
For health reasons this student should	d not receive the followin	g immunizatio	าร				
SIGNATURE - Physician			Date	Signed			
For religious reasons, I have chosen DTaP/DTP/DT/Td Tdap, F			•	,	apply)		
For personal conviction reasons, I h					neck all that	apply)	
SIGNATURE							
This form is complete and accurate to the be immunization records and as they are update consent at any time by sending written notific records or updates to the WIR.	ed in the future with the V	Visconsin Imm	unization Registry	(WIR). I understan	d that I may	revoke this	

Date Signed

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student