Wisconsin

School Immunization Requirements

2024–2025

Wisconsin Department of Health Services
Division of Public Health
Bureau of Communicable Diseases
Immunization Program

P-44545 (08/2024)

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State of Wisconsin
Department of Health Services

Date: July 22, 2024

To: Wisconsin School Administrators, School Nurses, and School Immunization Compliance Managers

Cc: Local Health Departments and the Wisconsin Department of Public Instruction

From: Stephanie Schauer, Ph.D.
Immunization Program Manager

Re: Student Immunization Law Information, Fall 2024

Enclosed please find the materials Wisconsin schools need to assess, ensure, and report student compliance with the Wisconsin Student Immunization Law. You are receiving this mailing because you are registered as a school with the Wisconsin Department of Public Instruction (DPI).

We thank you for your partnership with assessing and ensuring compliance with the Wisconsin student immunization law. You are integral partners in ensuring schools remain healthy environments for learning. As you plan for another school year, we wanted to make you aware of a few items regarding school immunization compliance for the upcoming 2024-2025 school year.

- **The school booklet materials are also available online.**
  https://www.dhs.wisconsin.gov/immunization/reqs.htm

- **The School Report to Local Health Departments will be submitted electronically.** The reports are in the booklet.

  This year we will continue to utilize an online process for schools to report to the local health departments and the state.

  Paper version: https://www.dhs.wisconsin.gov/forms/f0/f04002.pdf
  Online survey: https://redcap.wisconsin.gov/surveys/?s=Y49JFMFLL3F3KYCC

  Note that the REDCap survey cannot be completed using Internet Explorer. Please use Google Chrome or Microsoft Edge to complete the survey.

Either report will satisfy the reporting required of every school by Wisconsin law (Wis. Admin. Code ch. 144: https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/144) to submit the report to the local health department by the deadline (the 40th school day). It will not be necessary to send a separate paper copy of the form to the local health department.

- **School compliance results from the previous school year are available online.** Schools and districts should review their compliance results from the previous school year using the

links below. Public school districts and private schools with less than 99.00% of students in compliance during the previous school year are required to exclude noncompliant students during this coming school year.

- Public districts: https://www.dhs.wisconsin.gov/publications/p02388a.pdf
- Private schools: https://www.dhs.wisconsin.gov/publications/p02388.pdf

- **A webinar will be held August 19, 2024, at 10:00 am for school personnel on submitting the school report.** DHS and the Department of Public Instruction (DPI) will host a webinar to discuss these changes and the process in more detail. The webinar will be recorded and archived on our website for viewing.

We thank you for your continued efforts to ensure all school children in Wisconsin are protected against vaccine-preventable diseases. We look forward to a continued partnership with you.

Please let DPI know if you would like to be included in their email distribution list by contacting louise.wilson@dpi.wi.gov.

If you have questions, please contact your local health department or your regional immunization representative:

Local health departments: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

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WISCONSIN STATUTES
CHAPTER 252
COMMUNICABLE DISEASES

252.04 Immunization program. **(1)** The department shall carry out a statewide immunization program to eliminate mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis and other diseases that the department specifies by rule, and to protect against tetanus. Any person who immunizes an individual under this section shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the individual. These records shall be available to the individual or, if the individual is a minor, to his or her parent, guardian or legal custodian upon request.

(2) Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

(3) The immunization requirement is waived if the student, if an adult, or the student's parent, guardian, or legal custodian submits a written statement to the school, child care center, or nursery school objecting to the immunization for reasons of health, religion, or personal conviction. At the time any school, child care center, or nursery school notifies a student, parent, guardian, or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under this subsection.

(4) The student, if an adult, or the student's parent, guardian, or legal custodian shall keep the school, child care center, or nursery school informed of the student's compliance with the immunization schedule.

(5) (a) By the 15th and the 25th school day after the date on which the student is admitted to a school, child care center, or nursery school, the school, child care center, or nursery school shall notify in writing any adult student or the parent, guardian, or legal custodian of any minor student who has not met the immunization or waiver requirements of this section. The notices shall cite the terms of those requirements and shall state that court action and forfeiture penalty could result due to noncompliance. The notices shall also explain the reasons for the immunization requirements and include information on how and where to obtain the required immunizations.

(b) 1. A school, child care center, or nursery school may exclude from the school, child care center, or nursery school any student who fails to satisfy the requirements of sub. (2).

2. Beginning on July 1, 1993, if the department determines that fewer than 98% of the students in a child care center, nursery school, or school district who are subject to the requirements of sub. (2) have complied with sub. (2), the child care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. (2) and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2).

3. Beginning on July 1, 1995, if the department determines that fewer than 99% of the students in a child care center, nursery school, or school district who are subject to the requirements of sub. (2) have complied with sub. (2), the child care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. (2) and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2).

4. No student may be excluded from public school under this paragraph for more than 10 consecutive school days unless, prior to the 11th consecutive school day of exclusion, the school board provides the student and the student's parent, guardian or legal custodian with an additional notice, a hearing and the opportunity to appeal the exclusion, as provided under s. 120.13 (1) (c) 3.

(6) The school, child care center, or nursery school shall notify the district attorney of the county in which the student resides of any minor student who fails to present written evidence of completed immunizations or a written waiver under sub. (3) within 60 school days after being admitted to the school, child care center, or nursery school. The district attorney shall petition the court exercising jurisdiction under chs. 48 and 938 for an order directing that the student be in compliance with the requirements of this section. If the court grants the petition, the court may specify the date by which a written waiver shall be submitted under sub. (3) or may specify the terms of the immunization schedule. The court may require an adult student or the parent, guardian, or legal custodian of a minor student who refuses to submit a written waiver by the specified date or meet the terms of the immunization schedule to forfeit not more than $25 per day of violation.

(7) If an emergency arises, consisting of a substantial outbreak as determined by the department by rule of one of the diseases specified in sub. (2) at a school or in the municipality in which the school is located, the department may order the school to exclude students who are not immunized until the outbreak subsides.

(8) The department shall provide the vaccines without charge, if federal or state funds are available for the vaccines, upon request of a school district or a local health department. The department shall provide the necessary professional consultant services to carry out an immunization program, under the requirements of sub. (9), in the jurisdiction of the requesting local health department. Persons immunized may not be charged for vaccines furnished by the department.

(9) (a) An immunization program under sub. (8) shall be supervised by a physician, selected by the school district or local health department, who shall issue written orders for the administration of immunizations that are in accordance with written protocols issued by the department.

(b) If the physician under par. (a) is not an employee of the county, city, village or school district, receives no compensation for his or her services under par. (a) and acts under par. (a) in accordance with written protocols issued by the department, he or she is a state agent of the department for the purposes of ss. 165.25 (6), 893.82 (3) and 895.46.

(c) The department may disapprove the selection made under par. (a) or may require the removal of a physician selected.

(10) The department shall, by rule, prescribe the mechanisms for implementing and monitoring compliance with this section. The department shall prescribe, by rule, the form that any person immunizing a student shall provide to the student under sub. (1).

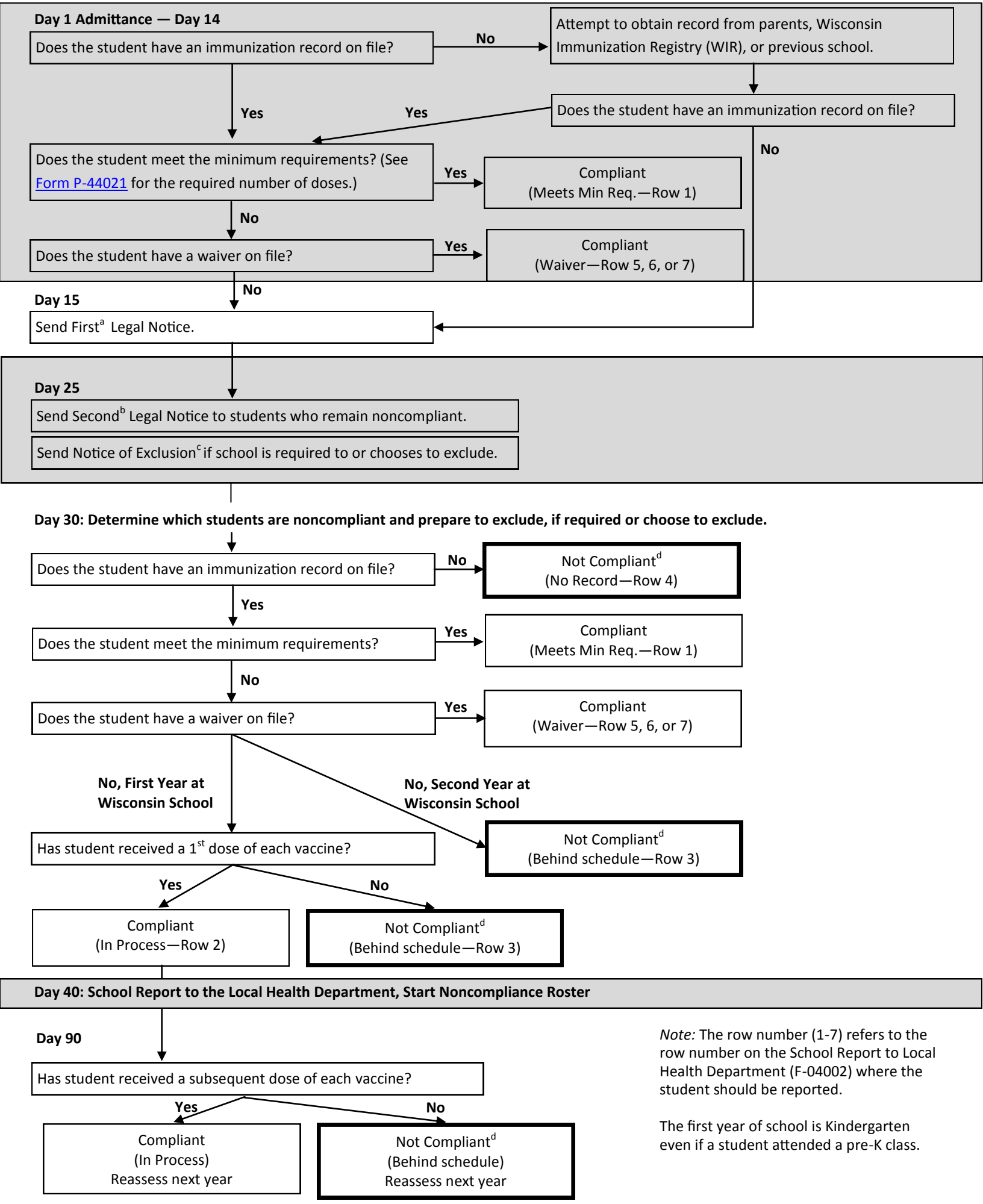
(11) Annually, by July 1, the department shall submit a report to the legislature under s.13.172(3) on the success of the statewide immunization program under this section.

History: 1993 a. 27 ss. 181, 470; 1995 a. 32, 77, 222; 2009 a. 185.

Published: July 30, 1975

Amended: May 20, 1980, April 26, 1982, May 16, 1988, May 3, 1990, May 1, 1992, April 16, 1996, June 1997, May 2001, August 2003, February 2008

Flowchart: Actions Required of Schools and Classification of Students as Compliant or Noncompliant



Note: The row number (1-7) refers to the row number on the School Report to Local Health Department (F-04002) where the student should be reported.

The first year of school is Kindergarten even if a student attended a pre-K class.

Wisconsin Student Immunization Law Timeline: Actions Required of Schools

School Day	School Actions	Forms and Resources Resources include links to materials in **all available languages**.
1st	**Admission to School**	
1st –14th	**Assess Compliance** Schools assess compliance for all students, paying particular attention to students who: • Are new to the school. • Are entering grades with new requirements (Kindergarten, 7th grade, 12th grade). • Were "In Process" last school year. • Were noncompliant last school year.	Schools can look up student immunization histories in the Wisconsin Immunization Registry. Use the Flow Chart and compliance definitions on page 2 of F-04002 to determine a student's compliance category.
15th	**First Legal Notice**[a] Schools send the First Legal Notice and the Student Immunization Record (Long) form F-04020L to parents of students who are behind schedule or have no record.	Legal Notice (F-44001) Student Immunization Record, Long (F-04020L)
25th	**Second Legal Notice**[b] Schools send the Second Legal Notice and the Student Immunization Record (Long) form F-04020L to parents of students who are behind schedule or have no record. Schools also send the **Notice of Exclusion**[c] if the school is required to or chooses to exclude noncompliant students.	Legal Notice (F-44001) Student Immunization Record, Long (F-04020L) Notice of Exclusion (P-44545A)
30th	**First Deadline: Exclusion** Schools determine which students are noncompliant[d] and exclude noncompliant students in Kindergarten through Grade 5, starting on the 31st school day, if one of the following is true: • The school is a public school and the school district's compliance level from the previous school year was less than 99.00%. • The school is a private school and the school's compliance level from the previous school year was less than 99.00%. Exclusion is optional for grades 6–12 and for schools that met the 99.00% compliance level in the previous year.	Compliance results from previous school year • Public school districts (P-02388A) • Private schools (P-02388)
40th	**School Report to Local Health Department** **Start Noncompliance Roster** Schools submit the School Report to the Local Health Department with the aggregate data using the online REDCap survey: https://redcap.wisconsin.gov/surveys/?s=Y49JFMFLL3F3KYCC Schools generate the Noncompliance Roster (F-01580) and keep it on file at school. ***Note***: the information on the School Report to Local Health Department is used to determine a school's compliance level and whether a school/district will need to exclude students on the 31th day of the next school year.	School Report to Local Health Department (F-04002) (now online) Noncompliance Roster (F-01580)
90th	**Second Deadline** Schools add noncompliant[d] students to the Noncompliance Roster (F-01580). *Optional*: Schools may send reminder letters to parents of students who are 'In Process' and parents of students who are noncompliant[d]	90th day letter-In Process (P-44545B) 90th day letter-Not Compliant (P-44545C)
At any time	**Educational materials** *Optional*: Schools may send educational materials to students' families.	Grade K-6 Immunization Requirements (P-02395) Grade 7-11 Immunization Requirements (P-02395A)

Footnotes

[a] Schools should send the First Legal Notice by the 15th school day to parents of students who are behind schedule or have no record on file. The first notice should include the 30th school day deadline date inserted in the first paragraph in the space provided. The signature line should be completed with the "date sent" filled in. A blank Student Immunization Record should be attached so the parent can return the required information.

[b] The Second Legal Notice should be sent to students who remain noncompliant after the first notice. The second notice should be sent by the 25th school day and should include the same information as the first notice with a new "date sent" filled in on the signature line.

[c] The Notice of Exclusion should be sent if your school chooses to exclude the noncompliant student or if your school is required to exclude noncompliant students because the compliance level of your school/school district was less than 99% during the previous school year. The exclusion date would be the 31st school day from the beginning of admission to school, and that date should be inserted on the Notice of Exclusion.

[d] Noncompliant students include students who are behind schedule or have no record, and have no waiver on file. Noncompliant students should be recorded on the Noncompliance Roster and should be reassessed next year.`

WISCONSIN DEPARTMENT of HEALTH SERVICES

Immunization Law Clarification

Updates to Wisconsin's Administrative Code (Wis. Admin. Code ch. DHS 144) THAT PERTAIN TO SCHOOL IMMUNIZATION REQUIREMENTS

Link: https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/144

The following updates to DHS 144 will take effect for the 2024-2025 school year and subsequent years.

Students are required to receive one dose of a Meningococcal ACWY-containing vaccine (MenACWY) vaccine before the start of 7th grade. A booster dose is required for eligible students entering 12th grade. Students receiving their first dose of MenACWY after age 16 do not need a booster dose.

Students must have a diagnosis of chickenpox from a qualified health care provider (MD, DO, NP, or PA) to be exempt from this requirement. Existing exemption options still apply. Parent report of chickenpox disease is no longer acceptable for exemption from the varicella (chickenpox) vaccine requirement but current Wisconsin students (excluding new enterers and kindergarteners) with a parental report of varicella prior to May 2024 are not required to receive Varicella vaccine.

Compliance Categories:

Meets Minimum: Applies to students with a record containing the dates (month/day/year) of immunizations for every dose of vaccine required for his or her grade level. For students in "ungraded" programs, use the requirement for the traditional age-appropriate grade. **Does not apply to a child that has any immunization waiver (health, religious, or personal conviction.)**

In Process: Applies to students enrolling for the first time in a Wisconsin school (e.g., prekindergarten or kindergarten, out-of-state transfers, and homeschooled children) and to existing students for whom there is a new vaccine requirement. To be considered "in process," the student must provide the immunization dates demonstrating receipt of the first doses of required vaccines within 30 school days of admission. Prior to the 30th school day, the legal notice should be sent as needed. "In process" also applies to the second doses within 90 school days of admission and the third (and fourth doses, if required) within 30 school days of admission the following school year. A student cannot be considered "in process" if the missing vaccine is a single-dose vaccine requirement (i.e., Tdap). These children, as well as any other students who fail to meet the deadlines, would be "behind schedule."

Behind Schedule: Applies to students who have an immunization record on file but are missing required doses of vaccine, are not in process, and do not have a waiver on file for the vaccine. Because the Wisconsin Student Immunization Law applies to all public and private schools, a transfer student from any school within the state who is "behind schedule" enters the new school as "behind schedule," not "in process."

No Record: Applies to students who do not have a student immunization record on file and any transfer student for whom a record has not yet been received from the previous school. It also applies to students who have submitted a record with inappropriate information, such as "all vaccines received," "child up to date," or "record at doctor's office."

Waiver: Waivers are available for medical/health, religious, or personal conviction reasons. Children for whom waivers are filed are compliant. However, they may be subject to exclusion from school in the event of an outbreak of diseases against which they are not completely immunized. A history of chickenpox is not a waiver. If a waiver is selected, all vaccines the child has already received should be listed on the Student Immunization Record by the parent or guardian. Although they are compliant with the Wisconsin Student Immunization Law, **students with a waiver should not be classified in the Meets Minimum category.**

Compliant Categories: Meet minimum, In Process, Waiver.

Noncompliant Categories: Behind Schedule, No Record.

Exclusion: Every year schools are required to assess all students' immunization records to determine compliance with the Wisconsin Student Immunization Law, as described in the Wisconsin Student Immunization Law Timeline: Actions Required of Schools (P-01442). Students have until the 30th school day to provide the appropriate documentation of immunization or a signed waiver. Starting on the 31st school day, noncompliant students in kindergarten through grade 5 must be excluded for up to 10 consecutive school days if one of the following is true about the school:

- The school is a public school and the school district's compliance level from the previous school year was less than 99.00%.
- The school is a private school and the school's compliance level from the previous school year was less than 99.00%.

Exclusion is optional for grades 6 through 12.
Exclusion is optional for schools that met the 99.00% compliance level in the previous year.

STUDENTS AND SCHOOLS

Kindergarten: Kindergarten is typically for children ages 5 to 6 and is the grade prior to grade 1. On the School Report to Local Health Department form, F-04002, results for kindergarten students are reported separately (in left column) and again combined with all students (in right column) to assess compliance specifically among children at the age of school entry into Kindergarten. Kindergarten is considered the first year of school even if the student attended a pre-K class.

4K Kindergarten, 3K Kindergarten, Early Childhood: The vaccine requirements of the Wisconsin Student Immunization Law are not grade-specific for children enrolled in 4K

kindergarten, 3K kindergarten, and early childhood programs. The law requires specific doses of vaccines for children ages 2 through 4. The vaccine requirements and timeline for when they are to be met should begin when the child enters school for the first time. Compliance information for these children should be included in the “All students enrolled at this school” section (Column B) of the School Report to the Local Health Department form, F-04002. Exclusion of noncompliant students in 4K, 3K, and early childhood programs is optional. Children 5 years of age and older attending a Pre-K class should be assessed using the requirements for kindergarten through grade 5.

School Assessment vs. Child Care Assessment: The school assessment measures compliance with the Wisconsin Student Immunization Law among children enrolled in school, including children enrolled in early childhood, 3K, and 4K programs, and kindergarten through grade 12. Students enrolled in early childhood, 3K, or 4K programs within a school should be reported on the School Report to Local Health Department form, F-04002.

The Wisconsin Student Immunization Law also requires that licensed Wisconsin child care centers assess and report the immunization status of children enrolled in licensed child care centers. The assessment of the immunization status of children enrolled in licensed child care centers is separate from the assessment of children enrolled in school. If a licensed child care center is located in a school, the child care center will be assessed separately from the school by the Wisconsin Department of Health Services. The child care assessment is typically done in late winter or early spring through a separate, direct mailing. It is possible that some children will be assessed twice in the same school year: once as the student in a school and again as an attendee of a licensed child care.

Charter Schools: The Wisconsin Student Immunization Law applies equally to all of the following: public schools, private schools, charter schools, and non-charter schools.

Homeschooled Children: The Wisconsin Student Immunization Law does not cover homeschooled children unless they enroll in any class or grade in a Wisconsin public or private school. If the child is enrolled for the first time, he or she should be handled like any other first-time enrollee and allowed to be “in process” if all vaccines have not already been administered. If that child leaves the Wisconsin school and later re-enrolls, that child would be considered “behind schedule” if all required vaccines have not been administered.

"Off-campus" Students: For the purpose of this immunization assessment, students who are officially enrolled in a school but spend time away from that school should be counted in the school where they are officially enrolled. This would include students in group educational settings and alternative schools, or students who take one class at the high school but are enrolled in middle school.

Virtual or Online Schools: Wisconsin students who attend virtual or online schools only and do not attend any classes or participate in extracurricular activities at a brick-and-mortar school are not subject to the student immunization law. However, students who attend virtual or online schools, and also attend a brick-and-mortar school for coursework or extracurricular activities are considered admitted to the brick-and-mortar school and subject to the student immunization law requirements.

IMMUNIZATION RECORDS

Transfer Student Records: For students who transfer from one Wisconsin school to another, schools must transfer the record to the new school within 10 school days of the records request per Wis. Admin. Code § DHS 144.07(7).

Foreign Exchange Students
Foreign Exchange students need to meet the same immunization requirements as any other student when entering into a public or private school. If possible, schools should provide the Student Immunization Law Age/Grade Requirements, P-44021, and the Student Immunization Record form, F-04020L, prior to the student's arrival in Wisconsin.

Immunization Records: Written evidence of immunization can be supplied on either the Student Immunization Record form, F-04020L, or an electronic immunization record, such as a printout from the Wisconsin Immunization Registry (WIR). Parents who choose to waive an immunization are required to sign a waiver on the Student Immunization Record form, F-04020L, and list the dates (month, day, year) of all of the vaccines the child has received. Alternatively, if F-04020L is not used, the parent should provide documentation of all of the vaccines received, the dates (month, day, year) the vaccines were received, the specific vaccines that are being waived, the type of waiver, the date of the waiver, and the parent name and signature.

Immunization Records Retention: The Student Immunization Record form, F-04020L is part of a student's progress record and, as such, should be maintained for at least five years after the student ceases to be enrolled at the school per Wis. Stat. § 118.125(3).

WIR Records—Health Care Provider vs. School: The Wisconsin Student Immunization Law requires students to have a minimum number of doses of vaccine. For some vaccines, the Advisory Committee on Immunization Practices (ACIP), the committee that makes recommendations for vaccine use in the United States, recommends that children receive more doses than are required by the Wisconsin Student Immunization Law. The school WIR record may indicate that a student is compliant with the law; however, that same student may need further immunizations based on the WIR record of the student's health care provider, which follows the ACIP recommendations. If a parent asks about further recommended immunizations for their children, they should be referred to their health care provider. A "refusal of [vaccine name]" documented in the WIR does not constitute a valid waiver. The school is responsible for obtaining waiver documentation.

Family Educational Rights and Privacy Act:
The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. If you have questions about releasing information, contact your school's legal counsel.

Generally, schools must have written permission from the parent to release any information from a student's education record (including immunization information). However, FERPA allows schools to disclose those records, without consent, under certain conditions, including

to comply with a judicial order or lawfully issued subpoena, and to appropriate officials in the event of health and safety emergencies.

The following describes the circumstances under which student immunization information can be released to local health departments, district attorneys, and WIR.

Released to local health departments:

- Should the local health department determine that there is a health emergency (i.e., an outbreak of a vaccine-preventable disease) at a school, the local health department may request the names and contact information of students who are not protected from the disease (i.e., students not fully vaccinated against the disease) from the school. This determination should inform the school's decision whether a disclosure of the requested information is necessary to protect the health or safety of one or more students or others, consistent with federal law.
- However, for ensuring compliance only, schools may not share names of noncompliant students with the local health department unless the parent has provided signed consent.

Released to district attorneys:

- If your school is in a jurisdiction where a court order has been issued for schools to provide names of noncompliant students to the county district attorney's office, this disclosure is allowed under FERPA (to comply with the judicial order.)

Released to WIR:

- Schools may not share student immunization information with WIR or with health care providers unless the parent provided signed consent.
- The parent signature portion of the Student Immunization Record form, F-04020L, includes a checkbox where parents can give permission for schools to share the student's immunization information with WIR.
- Schools are encouraged to use this form for all new and transferring students.

For existing students, schools may use the Student Immunization Record form, F-04020L, to obtain consent to release-immunization information, or the school may choose to develop some other form to obtain consent for the release.

Waivers: The Wisconsin student immunization requirements can be waived for personal conviction, religious, or medical/health reasons. Children for whom waivers are filed are compliant with the Wisconsin Student Immunization Law; however, these children may be subject to exclusion from school in the event of an outbreak of a disease against which they are not completely immunized.

Parents who choose to waive an immunization are required to sign a waiver on the Student Immunization Record form, F-04020L, and list the dates (month, day, year) of all of the vaccines the child has already received. Alternatively, if F-04020L is not used, the parent should provide documentation of all of the vaccines received, the dates (month, day, year) the vaccines were received, the vaccines that are being waived, the type of waiver, the date of the waiver, and the parent name and signature. The school is responsible for obtaining waiver documentation.

A “refusal of [vaccine name]” documented in WIR does not constitute a valid waiver. A history of chickenpox is not a waiver but does exempt a student from the varicella vaccine requirement.

Every year schools should review all student waivers for accuracy. Those students’ immunization records can be checked in WIR to determine if the student has received the vaccine and therefore the waiver status is no longer necessary.

New Vaccines and Waivers: If a waiver is chosen, it applies to a vaccine(s) required at the time a student enrolls into a Wisconsin school for the first time (e.g., a student entering kindergarten or a student transferring from an out-of-state school). Any new vaccines or new dose of an existing vaccine required after enrollment in the Wisconsin school would require a separate waiver for that vaccine.

VACCINES AND IMMUNIZATIONS

Required Vaccines

DT	Diphtheria and tetanus vaccine (pediatric)
Td	Tetanus and diphtheria vaccine (for ages 7 years or older)
Tdap	Tetanus, diphtheria, and acellular pertussis vaccine (adolescents)
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine (pediatric)
DTP	Diphtheria, tetanus, and pertussis vaccine (no longer available)
Hep B	Hepatitis B vaccine
MMR	Measles, mumps, and rubella vaccine
Polio	Polio vaccine
MenACWY	Meningococcal ACWY-containing vaccine
Var	Varicella (chickenpox vaccine)

Vaccine Trade Names: A health care provider might administer a vaccine and provide the parent with a note listing only the vaccine trade name rather than listing the specific type of vaccine received. The following list of commonly used vaccines and their manufacturer trade names is provided to help you determine which vaccines were received.

U.S Vaccines

Vaccine	Trade Name	Abbreviation	Manufacturer
DTaP	Daptacel® Infanrix®	DTaP DTaP	Sanofi GlaxoSmithKline
DTaP, Polio	Kinrix® Quadracel®	DTaP-IPV	GlaxoSmithKline
DTaP, Hepatitis B, Polio	Pediarix®	DTap-HepB-IPV	GlaxoSmithKline

DTaP, Polio, *Haemophilus influenzae* type b	Pentacel®	DTaP-IVP/Hib	Sanofi
DT	Generic	DT	Sanofi
***Haemophilus influenzae* type b**	ActHIB® Hiberix® PedavaxHIB®	Hib (PRP-T) Hib (PRP-T) Hib (PRP-OMP)	Sanofi GlaxoSmithKline Merck
Hepatitis B	Engerix-B® Recombivax HB® Heplisav-B®	HepB HepB HepB	GlaxoSmithKline Merck Dynavax Technologies
Hepatitis A, Hepatitis B	Twinrix®	HepA-HepB	GlaxoSmithKline
Human Papillomavirus	Gardasil® 9	9vHPV	Merck
Influenza	Afluria® Fluad® Fluarix® Flublok® Flucelvax® FluLaval® FluMist® Fluzone® Fluzone High-Dose®	IIV3; IIV4 IIV3 IIV4 RIV4 ccIV4 IIV4 LAIV4 IIV3; IIV4 IIV3	Sequiris Sequiris GlaxoSmithKline Sanofi Sequiris GlaxoSmithKline Medimmune Sanofi Sanofi
Measles, Mumps, Rubella	M-M-R® II	MMR	Merck
Measles, Mumps, Rubella, Varicella	ProQuad®	MMRV	Merck
<u>Meningococcal</u>	Menactra® Menveo® Trumenba® Bexsero®	MCV4; MenACWY-D MCV4; MenACWY-CRM MenB-FHbp MenB-4C	Sanofi GlaxoSmithKline Pfizer GlaxoSmithKline
Polio	Ipol®	IPV	Sanofi
Tetanus (reduced) Diphtheria	Tenivac® (Generic)	Td Td	Sanofi Massachusetts Biological Labs
Tetanus Diptheria Pertussis	Adacel Boostrix	Tdap Tdap	Sanofi GlaxoSmithKline
Varicella	Varivax®	VAR	Merck

Valid Doses: Vaccines in a series (when more than one dose is required) are most effective when the doses are administered according to recommended time intervals. However, the Wisconsin Student Immunization Law does not require that vaccines are received at specific time intervals. Therefore, the number of doses received, including those that were received at

inappropriate time intervals, can be counted toward compliance with the Wisconsin Student Immunization Law. In WIR, doses received at inappropriate time intervals are marked as "not valid." These doses can be counted towards meeting the minimum required doses. The only exceptions to this are the first dose of MMR vaccine, which must be administered on or after the first birthday, and a dose of DTaP/DT vaccine, which should be given on or after the fourth birthday for children entering 5K Kindergarten.

Four-day Grace Period: The Wisconsin Student Immunization Law allows a four-day grace period for certain required age-dependent vaccines. The four-day grace period means a student is compliant with the immunization law if the dose of each of these vaccines was received four days or less before the date it was required. See footnotes 2, 3, 5, and 7 on the table describing ”Student Immunization Law Age/Grade Requirements,” P-44021, for descriptions of which vaccines and doses this applies to.

DTaP/DTP/DT Vaccine After 4 Years of Age: The Wis. Admin. Code ch. DHS 144 requires that at least one dose (either the 3rd, 4th, or 5th dose) of DTaP/DTP/DT is to be received after the 4th birthday. The purpose of this required (and recommended) dose is to boost the level of protection primarily against pertussis (whooping cough.) If the third dose of DTaP/DTP/DT is received after the child’s 4th birthday, a fourth dose is not required.

Polio Vaccine, Four Doses Required: ACIP recommends a fifth dose of polio vaccine for children who received their fourth dose before their 4th birthday. The Wisconsin Student Immunization Law requires four doses only; a fifth dose is not required. Children who received their third dose of polio vaccine after their 4th birthday are also compliant with the Wisconsin Student Immunization Law.

Hepatitis B Vaccine, Two-dose Series: An exception was made in Wis. Admin. Code ch. DHS 144 for students who receive two doses of a licensed, two-dose hepatitis B vaccine formulation. These students are not required to receive a third dose. The two-dose hepatitis B vaccine is licensed only for children ages 11 through 15 and is given four to six months apart. If the first dose was received by the 30th school day, the second would be required by the 30th school day of the following school year. This formulation is rarely used at this time.

Varicella Vaccine Exemption: All students in kindergarten through grade 12 are required to have two doses of varicella vaccine. Students with a history of chickenpox disease are exempt from the varicella vaccine requirement if they have a diagnosis of chickenpox from a qualified health care provider (MD, DO, NP, or PA). The MD, DO, NP, or PA must attest that the student has a reliable history of chickenpox and sign the Student Immunization Record. Parent report of chickenpox disease is no longer acceptable for exemption from the varicella (chickenpox) vaccine requirement. However, current Wisconsin students (excluding new enterers and kindergarteners) with a parental report of varicella prior to May 2024 are not required to receive Varicella vaccine. If a student received the first dose of varicella vaccine and subsequently developed chickenpox (“breakthrough disease”,) or if the student has been diagnosed with shingles, the second dose of varicella vaccine is not required. The student’s history of having had the disease or laboratory evidence of immunity should be noted on the Student Immunization Record. If the student has been diagnosed with shingles, a history of chickenpox can be noted on the Student Immunization Record since a person cannot develop shingles unless they previously had chickenpox.

Tdap Vaccine Exception: Please note that one dose of Tdap vaccine is currently recommended for adolescents and adults. The school requirement for students in grades 7 through 12 is one dose of Tdap. An exception is made for students who already received a tetanus-containing vaccine, such as Td, TT (tetanus toxoid), or DTaP, within five years (i.e., a total of five full years) before entering the grade where Tdap is required. These students are compliant with the Tdap requirement, and no further doses are required. For example, if a child received a dose of Td vaccine because of an injury within five years before entering grade 7, that child has met the Tdap requirement (even though s/he has not actually received Tdap vaccine.) Although, in these circumstances, Tdap is not required for school entry, Tdap vaccination is recommended to boost the student's immunity to pertussis. Pertussis is common among adolescents and other school-aged children, and can result in significant illness for the student, the student's family (especially infants less than 12 months old,) and can result in many missed days of school and/or work for the student and parent.

Division of Public Health
P-01438 (06/2024)

STUDENT IMMUNIZATION LAW
AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Table 144.03-A
Required Immunizations for the 2021-2022 School Year and the Following School Years

Age/Grade	Required Immunizations (Number of Doses)								
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV	
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV	
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV	
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B			
Grade 7 through grade 11	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			1 Mening
Grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			2 Mening

1. Requirements did not take effect until February 1, 2023, and the rule was therefore not in effect for the 2021-2022 or 2022-2023 school years. The Tdap requirement for grades 7-11 was implemented for the 2023-2024 school year. The Meningococcal (serogroup A,C,W,Y) requirement was implemented for the 2024-2025 school year.
2. Schools are not required to verify Hib and PCV vaccines for Pre-K students.
3. Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
4. D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: A dose four days or less before the 4th birthday is also acceptable.
5. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note**: a dose four days or less before the 4th birthday is also acceptable.
6. Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
7. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: a dose four days or less before the 4th birthday is also acceptable.
8. Laboratory evidence of immunity to hepatitis B is also acceptable.
9. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note**: A dose four days or less before the 1st birthday is also acceptable.
10. Varicella vaccine is chickenpox vaccine. Students with a reliable history of varicella disease are not required to receive the Varicella vaccine. A physician, physician assistant, or advanced practice nurse prescriber must document a reliable history of varicella disease by indicating that the student has had varicella and signing the Student Immunization Form (DHS Form 04020L). Students (excluding new enterers and kindergartners) with a parental report of disease prior to May 2024 are considered complaint.
11. One dose of Meningococcal vaccine (serogroup A,C,W,Y) is required for students entering 7th grade, and a booster dose is required for students entering 12th grade. Students are assessed for this requirement in 7th grade and 12th grade only. Current Wisconsin students in 8th-11th grade will not be assessed for this requirement until they enter 12th grade. A second dose is not required for students who received their first dose of MenACWY at age 16 years or older.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (05/2024)

STATE OF WISCONSIN
Wis. Stat. §§ 252.04 and 120.12 (16)

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** **Please Print**

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year

Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, ZIP Code)	Phone Number

Step 2 **Immunization History**

List the **month, day, and year** your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry: https://www.dhfswir.org/PR/clientSearch.do?language=en

Type of Vaccine*	**First Dose** MM/DD/YYYY	**Second Dose** MM/DD/YYYY	**Third Dose** MM/DD/YYYY	**Fourth Dose** MM/DD/YYYY	**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					
Meningococcal (serogroup ACWY)					

Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required.

☐ I attest that this student has a reliable history of varicella disease,

_____

SIGNATURE – Health Care Provider Date Signed

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.

☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B

If **yes**, provide laboratory report(s)

Step 3 **Requirements**

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 **Compliance Data**

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 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 Signed

☐ **For religious reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

☐ **For personal conviction reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

Step 5 **Signature**

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 Custodian or Adult Student Date Signed

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44001 (06/2024)

STATE OF WISCONSIN
Wis. Stat. § 252.04

LEGAL NOTICE
Required Immunizations (shots) for Admission to Wisconsin Schools

To the Parent, Guardian, or Legal Custodian of _____Grade _____
The Student Immunization Law requires all students through grade 12 meet a minimum number of required immunizations prior to school entrance. These requirements can be waived only for health, religious, or personal conviction reasons. According to our records, your child is not compliant because an immunization record is not available at school, or an immunization(s) is needed (see reason for noncompliance marked below) and there is no waiver on file. To remain compliant with the law, please provide the month, day, and year your child received the required immunization(s) on the attached Student Immunization Record or select one of the waiver options prior to _____, and return the form to your child's school. Failure to do so may result in exclusion from school, court action, and/or forfeiture penalty. If you have any questions about this notice or how to obtain the required immunizations, please contact your child's school.

Reason for noncompliance:

☐ No Record

According to our school records, the following vaccines are needed:

DTaP/DT/Td	Tdap[3]	Polio	MMR[1]	Hepatitis B[1]	Varicella[1,2]	MenACWY[4]
☐ 1st Dose	☐ 1st Dose	☐ 1st Dose	☐ 1st Dose	☐ 1st Dose	☐ 1st Dose	☐ 1st Dose
☐ 2nd Dose		☐ 2nd Dose	☐ 2nd Dose	☐ 2nd Dose	☐ 2nd Dose	☐ 2nd Dose
☐ 3rd Dose		☐ 3rd Dose		☐ 3rd Dose		
☐ 4th Dose		☐ 4th Dose				
☐ 5th Dose						

[1] If your child has laboratory test results proving your child is immune to measles and mumps and rubella, or has laboratory test results proving your child is immune to hepatitis B, provide the test results to the school. If the test results are acceptable, then your child does not need to be vaccinated for the disease(s) to which he/she is already immune.
[2] Students who have a reliable history of varicella disease (documented in a medical chart and/or through laboratory testing) are not required to receive the Varicella vaccine. A physician, physician assistant, or advanced nurse prescriber must document a reliable history of varicella disease by indicating the student had varicella and signing the Student Immunization Form (DHS Form F-04020L).
[3] If your child received a dose of a tetanus-containing vaccine, such as Td, within five years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap is not required.
[4] One dose of Meningococcal vaccine (serogroup A, C, W, Y) is required for students entering 7th grade and a booster dose is required for students entering 12th grade. Those students who have not received their first dose by age 16 should only receive one dose.

Your immediate cooperation is appreciated.

_____ School

_____ Phone

_____ School Official (Title)

_____ Date Sent

Notice of Exclusion

Date:

Dear Parent:

The attached Legal Notice indicates that your child is currently not in compliance with the Wisconsin Student Immunization Law and therefore will be excluded from this school on .

For your child to remain at school or re-enter school after exclusion, you must do one of the following:

(1) Provide this school with the date (month, day, and year) of the required immunization(s) either from your child's medical records or from the Wisconsin Immunization Registry. For varicella (chickenpox), a history of having had the disease is also acceptable. Laboratory evidence of immunity is also acceptable for these diseases: measles, mumps, rubella, hepatitis B, and varicella.

OR

(2) Claim a waiver.

Use the attached Student Immunization Record to provide the information described above.

The Immunization Law in Wisconsin was passed to protect all children from vaccine-preventable diseases. The law requires public schools in school districts with less than a 99% compliance level to exclude noncompliant students in kindergarten through grade five. The law also applies to private schools. Private schools with less than a 99% compliance level are required to exclude noncompliant students in kindergarten through grade five. A noncompliant student is one who is "behind schedule" for a required immunization(s), or has no immunization record on file at the school and does not have a waiver on file.

Thank you for your cooperation.

SCHOOL REPORT TO LOCAL HEALTH DEPARTMENT, 2024–2025

Wisconsin Stat. § 252.04 requires that all students through grade 12 must present written evidence showing they are in compliance with the student immunization law by receiving the required number of vaccinations, being in the process of receiving the required number of vaccinations, or by having a signed waiver (see instructions and compliance definitions on the next page). Each year schools must report to the local health department the aggregate compliance total, by school, on or before the 40th school day.

INSTRUCTIONS
Complete a separate F-04002 for each school in your district. Report results for only one school (one DPI School Code) per form. Submit the data on this form (F-04002) to the online REDCap survey:
https://redcap.wisconsin.gov/surveys/?s=Y49JFMFLL3F3KYCC

SECTION A
Fill out the contact information for this school, including lowest and highest grades, and LEA and school code. Find DPI codes for public schools and private schools. For questions A1-A4, please enter the number of students in each enrollment category at the time of assessment. Please do not report data for multiple schools or entire school districts on one form. If questions A2, A3, or A4 are not relevant to your school, please enter 0.

SECTION B
Please enter the number of students that fall into each category for each vaccine. For each question 1–5 (or 6-7, if applicable), students should fall into only one category. Therefore, the sum of rows a-g for each vaccine must match the total enrollment entered in question A1 and question A2. If there are zero children that fall into a given category or the category is not applicable, please enter 0. Definitions of each category are on the last page of this form.

SECTION C–D
Please enter the number of students that fall into each category.
For questions 12–16, students should fall into one overall category. Therefore, the sum of these numbers entered must match numbers entered in questions A1–A2. If there are zero children that fall into a given category or the category is not applicable, please enter 0.

Section A: Complete the contact information for this school including the DPI LEA (District) Code, DPI School Code, and the grades that are enrolled at this school.

At this school, we have students enrolled in the following grades:	**Starting with grade _____ to_____**
DPI LEA (District) Code (4-digit number)	DPI School Code (4-digit number)
Name of School	
Address, City, ZIP Code	County

Name of Person Completing Form (print)	Email Address	Phone Number (include area code)

What was your first day of class instruction?

A1: Total School Enrollment:	
A2: Kindergarten Enrollment:	
A3: Grade 7 Enrollment:	
A4: Grade 12 Enrollment:	

Section B: List the number of students that fall into each category for each vaccine. **For each question 1–5, the sum of rows a–g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.**[4]	**Kindergarten Students**[3]	**All Students**[1]
1. DTaP/DTP/DT/Td	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total[5]		
2. Polio	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total[5]		
3. Hepatitis B	3 doses required	3 doses required
3a. Meets minimum requirements		
3b. In process		
3c. Behind schedule		
3d. Health waiver		
3e. Religious waiver		
3f. Personal conviction waiver		
3g. No record		
3h. Hepatitis B Total[5]		
4. MMR	2 doses required	2 doses required
4a. Meets minimum requirements		
4b. In process		
4c. Behind schedule		
4d. Health waiver		
4e. Religious waiver		
4f. Personal conviction waiver		
4g. No record		
4h. MMR Total[5]		
5. Varicella	2 doses required	2 doses required
5a. Meets minimum requirements		
5b. In process		
5c. Behind schedule		
5d. Health waiver		
5e. Religious waiver		
5f. Personal conviction waiver		
5g. History of Varicella disease[6]		
5h. No record		
5i. Varicella Total[5]		

6. Tdap (grade 7 only)		1 dose[2] required
6a. Meets minimum requirements		
6b. In process		
6c. Behind schedule		
6d. Health waiver		
6e. Religious waiver		
6f. Personal conviction waiver		
6g. No record		
6h. Tdap Total[5]		
7. Meningococcal ACWY	**Grade 7, 1 dose required**	**Grade 12, 2 doses required[7]**
7a. Meets minimum requirements		
7b. In process		
7c. Behind schedule		
7d. Health waiver		
7e. Religious waiver		
7f. Personal conviction waiver		
7g. No record		
7h. Meningococcal ACWY Total[5]		

1. Include 3K or early childhood, 4K, and 5K through the highest grade served at the school.
2. Students below grade 7 are not assessed for Tdap and are considered to have met minimum requirements. Leave blank if there are no grade 7 students in your school. If applicable, include all students in grade 7.
3. Enter zeros if there are no kindergarten students at this school.
4. In some cases, a parent may select more than one type of waiver on their child's Student Immunization Record. If a parent selects more than one waiver for **one** or **all** vaccines, please select one waiver to report using the following guidance: health waivers take precedence over religious or personal conviction waivers; religious waivers take precedence over personal conviction waivers.
5. On the REDCap survey, this total will be auto calculated based on the numbers entered for each vaccine type.
6. Refers to new enterers with a reliable history of varicella. A physician, physician assistant, or advanced nurse prescriber must document a reliable history of varicella disease by indicating that the student has had varicella and signing the Student Immunization Form (DHS Form 04020L). For the "All Students" category (excluding new enterers and kindergartners), students with a parental report of disease prior to May 2024 are considered compliant.
7. One dose of meningococcal serogroup A,C,W,Y (MenACWY) vaccine is required for all students entering 7th grade. A second dose is required for students entering 12th grade. If a student has not received their first dose of MenACWY by age 16, only one dose is required. These students should be counted in the Meets Minimum category.

Section C: List the number of students that fall into each category. Students may fall into more than one category (for example, having a medical waiver for MMR and a personal conviction waiver for DTaP).	**Kindergarten Students**	**All Students[1]**
8. At least one **health** waiver		
9. At least one **religious** waiver		
10. At least one **personal conviction** waiver		
11. Students who have received no immunizations and have a waiver for all vaccines		

Section D: List the number of students that fall into each category. Definitions of each category are found on the next page. Students should fall into one overall category.	**Kindergarten Students**	**All Students**[1]
12. Students meeting all minimum requirements[2]		
13. Students who are in process[3]		
14. Students who are behind schedule[3]		
15. Students with no record[3]		
16. Students with any waiver[4]		
Sum of Compliant Students[5]	0	0
Sum of All Students[6]	0	0
Estimated School Compliance Rate[7]		

1. Including 3K or early childhood, 4K, and 5K through the highest grade served at the school.
2. Should include students with a history of varicella.
3. Please refer to the compliance definitions on the following pages to ensure proper classification.
4. Refers to the number of **students** with any waiver (health, religious, or personal conviction), not the number of waivers. Therefore, students with more than one waiver should be counted **once**.
5. This is an auto calculation on the REDCap survey. It is the sum of the numbers entered in questions 12-13 and 16.
6. This is an auto calculation on the REDCap survey. It is the sum of the numbers entered in questions 12-16. It should exactly match the numbers entered in A1 and A2 (if applicable).
7. This is an auto calculation on the REDCap survey. It is calculated by taking the Sum of All Students and dividing it by the number entered in A1.

Instructions and Compliance Definitions for School Report to Local Health Departments

Section A: Identification of School

Each School Report to Local Health Department should include the aggregate results for only one school. Each school has a unique identification number assigned by DPI. That unique identification number is represented by two codes: the LEA code (which is also the district code) and the DPI school code. Therefore, each School Report to Local Health Department should include results for only one LEA code-school code combination. In Section A, please report both the DPI LEA (district) code and the DPI school code for this school. Please note that both codes are each four digits long, including leading zeros. You can search for your school's codes using the following links.

Public schools: https://apps6.dpi.wi.gov/SchDirPublic/schools
Private schools: https://apps6.dpi.wi.gov/SchDirPublic/private-schools

In the "search text" field, type all or part of the name of your school. Private school search results will immediately include the LEA (district) code and the school code. These are the codes that should be entered in Section A.

When public schools search for their name, they will immediately see the school code. However, to view the LEA (district) code, public schools will need to click on the name of the school.

Section B: Compliance Definitions

Required vaccines and number of doses:

Grade or Age	Number of Doses						
Pre-K (ages 2 through 4 yrs)[1]	4 DTaP/DTP/DT[2]	3 Polio	3 Hep B[6]	1 MMR[7]	1 Var[8]		
Grades K–6	4 DTaP/DTP/DT/Td[2,3]	4 Polio[5]	3 Hep B[6]	2 MMR[7]	2 Var[8]		
Grades 7–11	4 DTaP/DTP/DT/Td[2]	4 Polio[5]	3 Hep B[6]	2 MMR[7]	2 Var[8]	1 Tdap[4]	1 MenACWY[9]
Grade 12	4 DTaP/DTP/DT/Td[2]	4 Polio[5]	3 Hep B[6]	2 MMR[7]	2 Var[8]	1 Tdap[4]	2 MenACWY[9]

1. Children ≥5 years of age who are enrolled in a pre-K class should be assessed using the immunization requirements for K through grade 6 which would normally correspond to the individual's age.
2. D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students **pre-K through grade 12:** Four doses are required. However, if a student received the third dose after the 4th birthday, further doses are not required. (Note: a dose four days or less before the 4th birthday is also acceptable).
3. DTaP/DTP/DT vaccine for children **entering kindergarten**: Each student must have received one dose after the 4th birthday (either the third, fourth, or fifth dose) to be compliant. (Note: a dose four days or less before the 4th birthday is also acceptable).
4. Tdap is an adolescent tetanus, diphtheria, and acellular pertussis vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required. Schools with only grades 6 and below, enter zeros in these cells.
5. Polio vaccine for students entering kindergarten **through grade 12:** Four doses are required. However, if a student received the third dose after the 4th birthday, further doses are not required. (Note: a dose four days or less before the 4th birthday is also acceptable).
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is a measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday (Note: a dose four days or less before the 1st birthday is also acceptable). Laboratory evidence of immunity to all three diseases (measles, mumps, and rubella) is also acceptable.
8. Varicella vaccine is chickenpox vaccine. Students who have a reliable history of varicella disease are not required to receive the Varicella vaccine. A physician, physician assistant, or advanced nurse prescriber must document a reliable history of varicella disease by indicating that the student has had varicella and signing the Student Immunization Form (DHS Form 04020L). Students (excluding new enterers and kindergarteners) with a parental report of disease prior to May 2024 are considered compliant.
9. One dose of MenACWY is required for students entering 7th grade, with a second dose required when the student enters 12th grade. Students who have received zero doses by age 16 should only receive one dose.

Section B Cont'd: Compliance Definitions	
Meets Minimum Requirements	A student is considered **meets minimum requirements** if the student has a record containing the dates (month/day/year) of immunizations for every dose of vaccine required for their grade level. For students in "ungraded" programs (such as pre-k), use the requirement for the traditional age-appropriate grade. A student that has an immunization waiver (health, religious, or personal conviction) should **not** be counted in this category.
In Process	A student is considered **in process** if the student is enrolling for the first time in a Wisconsin school (for example, pre-k, kindergarten, out-of-state transfers, and homeschooled children) **and** is working towards meeting the vaccine dose requirement. **in process** may also apply to an existing student with a new vaccine requirement. To be considered **in process**, the student must provide the immunization dates demonstrating receipt of the first doses of required vaccines within 30 school days of admission. A student cannot be considered **in process** if the missing vaccine is a single-dose vaccine requirement (that is, Tdap); this student would be **behind schedule**.
Behind Schedule	A student is considered **behind schedule** if the student has an immunization record, and all the following conditions are met: • The student is not **meets minimum requirements** with vaccine • The student is <u>not</u> **in process** • The student does <u>not</u> have a waiver for the vaccine. Because the Wisconsin Student Immunization Law applies to all public and private schools, a transfer student from any school within the state who is **behind schedule** enters the new school as **behind schedule** and not **in process**.
Waivers: Health, Religious, or Personal Conviction	There are three types of **waivers**: **health**, **religious**, and **personal conviction**. A student may have a waiver for one or more vaccines. Further, a student may have more than one type of waiver (for example, a health waiver for DTaP and a religious waiver for MMR). However, a student should have only one waiver reported per vaccine. If a parent selects more than one waiver for **one** or **all** vaccines, please select one waiver to report using the following guidance: health waivers take precedence over religious and personal conviction waivers; religious waivers take precedence over personal conviction waivers. Children for whom waivers are filed are compliant with the Wisconsin Student Immunization Law. However, they should **not** be counted in the **meets minimum** category and may be subject to exclusion from school in the event of an outbreak of disease(s) against which they are not completely immunized.
No Record	A student is considered to have **no record** if the student falls into <u>*one*</u> of the following categories: • The student does not have an immunization record on file • The student is a transfer student and the record has not yet been received from the previous school • The student has a record, but the record has inappropriate information, such as "all vaccines received," "child up to date," or "record at doctor's office."
No Immunizations	A student is counted in this section if he or she received no doses of immunizations *and* he or she has a waiver for all vaccines.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
.F-01580 (06/2024)

STATE OF WISCONSIN.
Wis. Stats. § 144.07

NONCOMPLIANCE ROSTER

Instructions: List all students from form F-04002, rows 2 through 7, in ascending grade order; include date of birth, grade level, and vaccine(s) received to date. Enter "0" if no vaccine was received. Use extra sheets if necessary. Wisconsin Stat. § 144.07(6) requires each school to maintain a current roster of students who do not meet all immunization requirements according to grade or age. **Retain this form at the school for your records. If your school is not subject to FERPA (Family Educational Rights and Privacy Act), please also send this form to your local health department by the 40th school day.**

- For student(s) who are **Behind Schedule**, have **No Record,** are **In Process** or are a **Waiver** (rows 2-7), mark an **X** in the appropriate box. (H=health reasons, R=religious reasons, and PC=personal conviction). Under Varicella, indicate total doses received or "**D**" for disease. Note: If a separate list is maintained of students who are **In Process** of receiving only the varicella vaccine and/or **Behind Schedule** in receiving only the Tdap vaccine, it is not necessary to list these students on this form.
- For MMR, if first dose was received before the student's first birthday, do not count the dose. Do not include a history of disease, only the vaccine.

Name	Date of Birth	Date of Admission to WI School	Grade	Mark (X)						DTP / DTaP / DT / Td		Polio		Hep B	MMR	Varicella	Tdap	MenACWY	
				Behind Schedule	No Record	In Process	H	R	PC	Total Doses	Last Dose Date	Total Doses	Last Dose Date	Total Doses	Total Doses	Total Doses or D=Disease	Dose Date	Total Doses	Last Dose Date

Clear / Reset form

90th Day Letter-In Process

Date:

Dear Parent:

According to our records, your child is in the process of receiving all of the vaccinations required to attend school in Wisconsin. We encourage you to continue to make vaccination appointments and take your child to these appointments in order to ensure that your child becomes up-to-date with vaccinations for his/her age.

Vaccinations are one of the most important methods of protecting our children from diseases and the complications that can occur from these diseases. Vaccinations are especially important for school-aged children because children in school are regularly in close contact with others who may or may not be protected from these diseases.

In order to remain in compliance with the Wisconsin Student Immunization Law, please contact your child's health care provider to receive needed vaccinations. Encourage your child's health care provider to use the Wisconsin Immunization Registry and any vaccination records you have for your child to determine which vaccines your child needs to receive. If your child does not have a health care provider, please contact your local health department to determine if your child is eligible to receive vaccinations at the health department. Local health department contact information can be found on this website: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Please be aware that in the fall of the next school year, your child's vaccination records will be reassessed to ensure that he/she is sufficiently vaccinated for his/her grade level or has a waiver on file. If sufficient documentation is not supplied for your child, he/she might be required to stay home from school.

For additional information on vaccines and immunizations, please visit this website: http://www.cdc.gov/vaccines/vac-gen/default.htm

Thank you for helping us keep all Wisconsin school children safe from diseases that can be prevented by vaccination.

90th Day Letter-Not Compliant (Behind Schedule or No Record)

Date:

Dear Parent:

According to our records, this school year your child was not in compliance with the Wisconsin Student Immunization Law. This means that your child did not have documentation of appropriate vaccination and did not have a vaccination waiver on file.

Vaccinations are one of the most important methods of protecting our children from diseases and the complications that can occur from these diseases. Vaccinations are especially important for school-aged children because children in school are regularly in close contact with others who may or may not be protected from these diseases.

In the coming months, we encourage you to make an appointment with your child's health care provider to get your child vaccinated. Encourage your child's health care provider to use the Wisconsin Immunization Registry and any vaccination records you have for your child to determine which vaccines your child needs. If your child does not have a health care provider, please contact your local health department to determine if your child is eligible to receive vaccinations at the health department. Local health department contact information can be found on this website: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Please be aware that in the fall of the next school year, your child's vaccination records will be reassessed to ensure that he/she is sufficiently vaccinated for his/her grade level or has a waiver on file. If sufficient documentation is not supplied for your child, he/she might be required to stay home from school.

For additional information on vaccines and immunizations, please visit this website: http://www.cdc.gov/vaccines/vac-gen/default.htm

Thank you for helping us keep all Wisconsin school children safe from diseases that can be prevented by vaccination.

School Immunization Requirements: Kindergarten-Sixth Grades

Vaccines are one of the most effective tools to keep kids healthy and in school. Some vaccines are required for Wisconsin students.*

How do I complete the Student Immunization Record?

Call your doctor or local health department and make a **vaccine visit** as early as possible.

Fill out the Student Immunization Record form (F-04020L) and then you **sign** it.
https://www.dhs.wisconsin.gov/library/F-04020L.htm

Give the Student Immunization Record form to the school at the beginning of the new school year.

Call your doctor's office or local health department if you **need help** or more information.

You can track and print your student's vaccine record through the Wisconsin Immunization Registry: https://www.dhs.wisconsin.gov/immunization/wir.htm

What vaccines and how many doses does my student need for school?

Your doctor may recommend additional vaccines to keep your student healthy.

- 4 **Polio**
- 4 **DTaP/DTP/DT/TD**
- 3 **Hepatitis B**
- 2 **Measles, Mumps, Rubella**
- 2 **Varicella****

*Vaccine requirements may be waived on the Student Immunization Record (F-04020L) for health, religious, or personal conviction reasons.
https://www.dhs.wisconsin.gov/library/F-04020L.htm

**Varicella vaccine is not required if the student has had a chicken pox diagnosis by a qualified health care provider (MD, DO, NP or PA). If a student has an existing parental report of varicella disease on file, that is acceptable. Any new entrants will require documentation from a qualified health care provider.

School Requirements for Immunization: 7th-11th grades

Vaccines are required for Wisconsin students.* You can get a blank copy of the Student Immunization Record form from your school or download a copy: https://www.dhs.wisconsin.gov/library/F-04020L.htm. At the start of the new school year, give the complete Student Immunization Record to the school.

*Vaccine requirements may be waived for health, religious, or personal conviction reasons.

How do I complete the Student Immunization Record?

Call your doctor or local health department and make a **vaccine visit** as early as possible.

Ask your doctor to **fill out** the Student Immunization Record form (F-04020L) and then you **sign** it.

Give the Student Immunization Record form to the school at the beginning of the new school year.

Call your doctor's office or local health department if you **need help** or more information.

You can track and print your student's vaccine record through the Wisconsin Immunization Registry: https://www.dhs.wisconsin.gov/immunization/wir.htm.

What vaccines and how many doses does my student need for school?

- Your doctor may recommend additional vaccines to keep your student healthy.

4	**Polio**
4	**DTaP/DTP/DT/TD**
3	**Hepatitis B**
2	**Varicella****
2	**Measles, Mumps, Rubella**
1	**Tdap**
1	**Meningococcal ACWY-containing vaccine**

**Varicella vaccine is not required if there has been a chicken pox diagnosis by a qualified health care provider (MD, DO, NP or PA). If a student has an existing parental report of varicella disease on file, that is acceptable. Any new entrants will require documentation from a qualified health care provider.

Vaccines Recommended at Ages 11-12: What Parents Should Know

Vaccines aren't just for babies. Some of the vaccines that babies get can become less effective as kids get older. As kids grow up they may also come in contact with different diseases than when they were babies. There are vaccines that can help protect your pre-teen or teen from these illnesses.

What vaccines does my child need?

- Tdap vaccine: This continues protection against tetanus, diphtheria, and pertussis (whooping cough).
- Quadrivalent meningococcal conjugate (MCV4) (meningococcal ACWY) vaccine: This vaccine protects against infection from *Neisseria menigitidis* in the lining of the brain, spinal cord, and bloodstream. Pre-teens should get the first dose when they are 11 or 12 and a booster at age 16.
- Human papillomavirus (HPV) vaccine: This vaccine prevents some pre-cancers and cancers related to HPV. Pre-teens should get two doses before they turn 13 years old.
- A yearly flu vaccine: It protects against getting sick and spreading the flu virus.
- COVID-19 vaccines: Staying up to date on COVID-19 boosters will help prevent getting sick from COVID-19.

When should my child be vaccinated?

- During a yearly health checkup. Ask your doctor or nurse every year if there are any vaccines that your child may need.
- At a physical exam required for sports, school, or camp.

What else should I know about these vaccines?

- These vaccines have all been studied carefully through clinical trials to evaluate safety and how well they work before they are used with the general public. Even after they are licensed for public use, scientists continue to monitor the safety of vaccines.
- Most side effects from vaccines such as pain at the injection site are mild and go away quickly on their own. Serious side effects from vaccines are rare.
- It is very important to tell the doctor or nurse if your child has any serious allergies, including allergies to yeast, latex, or chicken eggs, before they receive any vaccines.
- If you have questions, talk to your doctor or health care provider.
- For more information, visit DHS's Immunizations: Childhood and Adolescent Vaccine Information page https://www.dhs.wisconsin.gov/immunization/childhood.htm.

How can I get help paying for these vaccines?

- The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured, Medicaid-eligible (or Badger Care), American Indian, or Alaska Native.
- Visit the DHS VFC web page https://www.dhs.wisconsin.gov/immunization/vfc-parent.htm.

For schools that are not subject to FERPA (Family Educational Rights and Privacy Act)

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44212 (07/2016)

STATE OF WISCONSIN
Wis. Stats. § 252.04

SCHOOL REPORT TO THE DISTRICT ATTORNEY

School: *If your school is not subject to FERPA (Family Educational Rights and Privacy Act), please complete this report and send it to the district attorney in the county where the student resides, not to the Department of Health Services.*

District Attorney: The following students are not in compliance with the Student Immunization Law 252.04. As required under this law, we are notifying your office so that legal action may be taken.

Per Wisconsin Statutes Chapter 252.04 (6), the school, childcare center, or nursery school shall notify the district attorney of the county in which the student resides of any minor student who fails to present written evidence of completed immunizations or a written waiver under sub. (3) within 60 school days after being admitted to the school, child care center, or nursery school. The district attorney shall petition the court exercising jurisdiction under chs. 48 and 938 for an order directing that the student be in compliance with the requirements of this section. If the court grants the petition, the court may specify the date by which a written waiver shall be submitted under sub. (3) or may specify the terms of the immunization schedule. The court may require an adult student or the parent, guardian, or legal custodian of the minor student who refuses to submit a written waiver by the specified date or meet the terms of the immunization schedule to forfeit not more than $25 per day of violation.

Date	Telephone(include area code)	School District

Name of School

Name of Principal	Name of Person completing form

Address City/Town Zip

Name of Student	Grade	Date of Birth	Name of Parent(s)	Address	Telephone	Date Parent(s) Notified About Law	Reason for Noncompliance		Vaccine(s) Needed
							No Record	Behind Schedule	

SPANISH

LEY DE INMUNIZACIÓN DE ALUMNOS
REQUISITOS SEGÚN EDAD/GRADO
(STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS)

A continuación, se detallan las mínimas vacunas requeridas para cada edad y nivel de grado según la Student Immunization Law (Ley de Inmunización de Alumnos) de Wisconsin. Estos requisitos pueden no exigirse por razones de salud, religión o creencias personales. Pueden recomendarse otras vacunas para su hijo según la edad que tenga. Comuníquese con su médico o departamento de salud local para determinar si su hijo necesita otras vacunas.

Tabla 144.03-A
Vacunaciones requeridas para el año escolar 2021-2022 y los siguientes años escolares

Edad/grado	Vacunas requeridas (número de dosis)								
De 5 a 15 meses	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV	
De 16 a 23 meses	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV	
De 2 a 4 años	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV	
De kínder a 6.º grado	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B			
De 7.º grado a 11.º grado	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			1 Mening
12.º grado	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			2 Mening

1. Los requisitos no entraron en vigor hasta el 1 de febrero de 2023 y, por lo tanto, la norma no regía en los años escolares 2021-2022 y 2022-2023. El requisito de la vacuna contra el tétanos, la difteria y la tos ferina (Tdap) para los grados 7 a 11 se implementó para el año escolar 2023-2024. El requisito de la vacuna meningocócica (serogrupos A, C, W e Y) se implementó para el año escolar 2024-2025.
2. Las escuelas no tienen la obligación de verificar que los alumnos de Pre-K tengan las vacunas contra la Haemophilus influenzae tipo b (HiB) y el neumococo PCV.
3. Los niños mayores de 5 años que estén inscritos en una clase de prekínder deben ser evaluados según los requisitos de vacunación para el alumnado de kínder a 5.º grado, que normalmente corresponderían a la edad del niño.
4. Vacuna contra la D= difteria, T= tétanos, P= tos ferina. Vacuna contra la DTaP/DTP/Td para todos los estudiantes desde el prekínder hasta el 12.º grado: se requieren cuatro dosis. Sin embargo, si un estudiante recibió la 3.ª dosis después de cumplir los 4 años, no se requieren más dosis. **Nota**: También es aceptable una dosis cuatro días o menos antes de cumplir los 4 años.
5. Vacuna contra la DTaP/DTP/DT para los niños que ingresan a kínder: cada estudiante debe haber recibido una dosis después de cumplir los 4 años (ya sea la 3.ª, 4.ª o 5.ª dosis) para cumplir con los requisitos. **Nota**: También es aceptable una dosis cuatro días o menos antes de cumplir los 4 años.
6. La Tdap es una vacuna contra el tétanos, la difteria y la tos ferina acelular para adolescentes. Si un estudiante recibió una dosis de una vacuna que contiene tétanos, como la Td, en un plazo de cinco años antes de entrar al grado en el que se requiere la Tdap, el estudiante cumple con los requisitos y no se requiere una dosis de la vacuna contra la Tdap.
7. Vacuna contra la polio para los estudiantes que ingresan a kínder hasta el 12.º grado: se requieren cuatro dosis. Sin embargo, si un estudiante recibió la 3.ª dosis después de cumplir los 4 años, no se requieren más dosis. **Nota**: También es aceptable una dosis cuatro días o menos antes de cumplir los 4 años.
8. También es aceptable la evidencia de laboratorio de inmunidad a la hepatitis B.
9. La MMR es una vacuna contra el sarampión, las paperas y la rubéola. La primera dosis de la vacuna MMR debe recibirse al año de vida o antes. También es aceptable la evidencia de laboratorio de inmunidad a las tres enfermedades (sarampión, paperas y rubéola). **Nota**: También es aceptable una dosis cuatro días o menos antes de cumplir el primer año.
10. La vacuna contra la varicela. No es necesario que los estudiantes que tengan un historial confiable de la enfermedad de la varicela reciban la vacuna contra la varicela. Un médico, un asistente médico o un enfermero prescriptor de práctica avanzada debe documentar un historial confiable de la varicela, que indique que el estudiante tuvo varicela y debe firmar el Student Immunization Form (Formulario de vacunación estudiantil) (formulario 04020L del DHS). Al estudiantado (sin incluir a los nuevos ingresantes y estudiantes de kínder) con un informe de enfermedad presentado por la familia anterior a mayo de 2024 se lo considera en cumplimiento.
11. Se exige una dosis de la vacuna meningocócica (serogrupo A, C, W, Y) para el estudiantado que ingresa al 7.º grado y una dosis de refuerzo para el estudiantado que ingresa al 12.º grado. Se evalúa este requisito en el estudiantado de 7.º grado y de 12.º grado solamente. No se evaluará este requisito en el estudiantado de Wisconsin de 8.º a 11.º grado sino hasta que ingresen al 12.º grado. No se exige una segunda dosis para el estudiantado que recibió su primera dosis de MenACWY a los 16 años.

REGISTRO DE VACUNACIÓN DEL ESTUDIANTE
(STUDENT IMMUNIZATION RECORD)

Instrucciones para la familia: Complete y regrese a la escuela dentro de los **30 días posteriores a la admisión**. La ley estatal exige que todos los estudiantes de escuelas públicas y privadas presenten evidencia escrita de vacunación contra ciertas enfermedades **en los 30 días lectivos siguientes a la admisión**. Los requisitos actuales específicos para cada edad y grado están a disposición en las escuelas y en los departamentos de salud locales. Estos requisitos solo se pueden omitir si se presenta en la escuela una exención por motivos de salud, religión o convicciones personales que esté correctamente firmada. El objetivo de este formulario es medir el cumplimiento de la ley y solo se usará para dicho propósito. Si tiene preguntas sobre las vacunas o sobre cómo completar este formulario, comuníquese con el departamento de salud local o con la escuela de su hijo.

Paso 1 **Datos personales** **Escriba en letra de molde**

Nombre del estudiante	Fecha de nacimiento (MM/DD/YYYY)	Género	Escuela	Grado	Año escolar

Nombre del padre/la madre/tutor/custodio legal	Dirección (calle, ciudad, estado, código postal)	Número de teléfono

Paso 2 **Historial de vacunación**

Escriba el **mes, día y año** en que su hijo recibió cada una de las siguientes vacunas. Si no tiene un registro de vacunación de este estudiante, comuníquese con su médico o con el departamento de salud pública para obtenerlo. También puede usar el Wisconsin Immunization Registry (Registro de Inmunización de Wisconsin): https://www.dhfswir.org/PR/clientSearch.do?language=en

Tipo de vacuna*	**Primera dosis** MM/DD/AAAA	**Segunda dosis** MM/DD/AAAA	**Tercera dosis** MM/DD/AAAA	**Cuarta dosis** MM/DD/AAAA	**Quita dosis** MM/DD/AAAA
DTaP/DTP/DT/Td (Difteria, tétanos, tos ferina)					
Refuerzo en adolescencia (marque la casilla correspondiente) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Sarampión, paperas, rubéola)					
Vacuna contra la **varicela** (Chickenpox)					
Meningococo (serogrupo ACWY)					

No es necesario que los estudiantes que tengan un historial confiable de la enfermedad de la varicela reciban la vacuna contra la varicela. Se requiere la firma de un médico, un asistente médico o el personal de enfermería avanzada.
☐ Doy fe de que este estudiante tiene un historial confiable de la enfermedad de la varicela,

_____
FIRMA – Proveedor de atención médica Fecha de la firma

¿Le han hecho a su hijo un análisis de sangre (título) que muestre inmunidad (ha tenido la enfermedad o se ha vacunado anteriormente) a alguna de las siguientes enfermedades? Marque todas las que correspondan.
☐ Varicela ☐ Sarampión ☐ Paperas ☐ Rubéola ☐ Hepatitis B
Si la respuesta es **sí**, brinde los informes del laboratorio.

Paso 3 **Requisitos**

Consulte los requisitos de edad/nivel de grado para el año escolar actual para determinar si este estudiante cumple con los requisitos.

Paso 4 **Datos de cumplimiento**

El estudiante cumple con todos los requisitos
Firme en el Paso 5 y devuelva este formulario a la escuela.

O

El estudiante no cumple con todos los requisitos

A continuación, marque la casilla correspondiente; firme en el Paso 5 y devuelva este formulario a la escuela. **Tenga en cuenta que el alumnado que no tenga el registro de vacunación completo no podrá asistir a la escuela si se produce un brote de una de estas enfermedades**.

☐ Aunque mi hijo **no** ha recibido **todas** las dosis requeridas de las vacunas, ha recibido las **primeras dosis**. Entiendo que las **segundas dosis** deben aplicarse antes de los 90 días lectivos posteriores a la admisión a la escuela este año y que las **terceras** y **cuartas dosis** se deben administrar antes de los 30 días lectivos del próximo año, si es necesario. También entiendo que es mi responsabilidad notificar a la escuela por escrito cada vez que mi hijo reciba una dosis de la vacuna requerida.

Nota: No respetar el cronograma puede ser motivo de exclusión de la escuela, acción judicial o pena de confiscación.

(Indique en el Paso 2 anterior las fechas de las vacunas que su hijo ya ha recibido).

☐ **Por motivos de salud,** este estudiante no debe recibir las siguientes vacunas _____

_____ _____
FIRMA – Médico Fecha de la firma

☐ **Por motivos religiosos,** he decidido no administrarle al estudiante las siguientes vacunas (marque todas las opciones que correspondan).
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (sarampión, paperas, rubéola) ☐ Varicela ☐ MenACWY

☐ **Por motivos de convicción personal,** he decidido no administrarle al estudiante las siguientes vacunas (marque todas las opciones que correspondan).
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (sarampión, paperas, rubéola) ☐ Varicela ☐ MenACWY

Paso 5 **Firma**

Este formulario está completo y es preciso a mi leal saber y entender. Marque una opción: (**Sí** ☐ **No** ☐) doy permiso para compartir los registros de vacunación actuales de mi hijo y a medida que se actualicen en el futuro con el Wisconsin Immunization Registry (Registro de Inmunización de Wisconsin, WIR). Entiendo que puedo revocar este consentimiento en cualquier momento mediante el envío de una notificación por escrito al distrito escolar. Después de la fecha de revocación, el distrito escolar no entregará registros nuevos o actualizaciones al WIR.

_____ _____
FIRMA - Padre/madre/tutor/custodio legal o estudiante adulto Fecha de la firma

Notificación de exclusión
NOTICE OF EXCLUSION

Fecha:

Estimados Padre(s):

La Notificación Legal adjunta indica que su hijo actualmente no cumple con la Ley de Inmunización de Alumnos de Wisconsin (Wisconsin Student Immunization Law) y por lo tanto será excluido de esta escuela el [*enter 31st school day*].

Para que su hijo siga en la escuela o vuelva a ingresar después de la exclusión, debe hacer una de las siguientes cosas:

(1) Proporcionar a esta escuela la fecha (mes, día y año) de las inmunizaciones obligatorias, ya sea en base a los registros médicos de su hijo o a Wisconsin Immunization Registry. Para la varicela (chickenpox), antecedentes de haber tenido la enfermedad también es aceptable. Las pruebas de laboratorio de la inmunidad también son aceptables para estas enfermedades: sarampión, paperas, rubeola, hepatitis B y varicela.

O

(2) Reclamar una exención.

Use el Registro de Inmunización del Estudiante adjunto para proporcionar la información descripta arriba.

La Ley de Inmunización (Immunization Law) en Wisconsin se promulgó para proteger a todos los niños de enfermedades que se pueden prevenir por medio de las vacunas. La ley exige a las escuelas públicas de los distritos escolares con un nivel de cumplimiento inferior al 99% que excluyan a los alumnos que no cumplen desde kindergarten hasta quinto grado. La ley también rige para las escuelas privadas. Las escuelas privadas con un nivel de cumplimiento inferior al 99% tienen la obligación de excluir a los alumnos que no cumplen desde kindergarten hasta quinto grado. Un alumno que no cumple es uno que está "atrasado" con una inmunización obligatoria o no tiene registros de inmunización en el legajo de la escuela y no tiene una exención en el legajo.

Gracias por su cooperación.

90th Day Letter-In Process

Fecha:

Estimados Padre(s):

Según nuestros registros, su hijo está en proceso de recibir todas las vacunas obligatorias para asistir a la escuela en Wisconsin. Lo alentamos a que siga realizando citas para la vacunación y lleve a su hijo a estas citas para asegurarse de que esté al día con las vacunas para su edad.

La vacunación es uno de los métodos más importantes de proteger a nuestros hijos de las enfermedades y de las complicaciones que pueden surgir debido a estas enfermedades. La vacunación es especialmente importante para los niños en edad escolar, porque suelen estar en contacto estrecho con otros que pueden o no estar protegidos contra estas enfermedades.

Para poder seguir cumpliendo con la Ley de Inmunización de Alumnos de Wisconsin (Wisconsin Student Immunization Law), sírvase comunicarse con el proveedor médico de su hijo para recibir las vacunas necesarias. Aliente al proveedor médico de su hijo a usar el Wisconsin Immunization Registry y todo registro de vacunación que usted tenga para su hijo para determinar qué vacunas debe recibir. Si su hijo no tiene un proveedor médico, sírvase comunicarse con el departamento médico de su localidad para determinar si su hijo califica para recibir las vacunas en el departamento médico. La información de contacto del departamento médico local se puede encontrar en este sitio web: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Tenga en cuenta que en el otoño del próximo año escolar, los registros de vacunación de su hijo serán divulgados para garantizar que esté suficientemente vacunado para su nivel de grado o tenga una exención en el legajo. Si no se suministra documentación suficiente para su hijo, quizá deba permanecer en casa y no ir a la escuela.

Para obtener información adicional sobre vacunas e inmunizaciones, sírvase ingresar a este sitio web: http://www.cdc.gov/vaccines/vac-gen/default.htm

Gracias por ayudarnos a mantener seguros a todos los niños de las escuelas de Wisconsin de las enfermedades que se pueden prevenir por medio de la vacunación.

90th Day Letter-Not Compliant (Behind Schedule or No Record)

Fecha:

Estimados Padre(s):

De acuerdo con nuestros registros, este año escolar su hijo no cumplió con la Ley de Inmunización de Alumnos de Wisconsin (Wisconsin Student Immunization Law). Esto significa que su hijo no tuvo documentación de la vacunación adecuada y no tuvo una exención de vacunación en el legajo.

La vacunación es uno de los métodos más importantes de proteger a nuestros hijos de las enfermedades y de las complicaciones que pueden surgir debido a estas enfermedades. La vacunación es especialmente importante para los niños en edad escolar, porque suelen estar en contacto estrecho con otros que pueden o no estar protegidos contra estas enfermedades.

En los próximos meses, lo alentamos a hacer una cita con el proveedor médico de su hijo para que se vacune a su hijo. Aliente al proveedor médico de su hijo a usar el Wisconsin Immunization Registry y todo registro de vacunación que usted tenga para su hijo para determinar qué vacunas debe recibir. Si su hijo no tiene un proveedor médico, sírvase comunicarse con el departamento médico de su localidad para determinar si su hijo califica para recibir las vacunas en el departamento médico. La información de contacto del departamento médico local se puede encontrar en este sitio web: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Tenga en cuenta que en el otoño del próximo año escolar, los registros de vacunación de su hijo serán divulgados para garantizar que esté suficientemente vacunado para su nivel de grado o tenga una exención en el legajo. Si no se suministra documentación suficiente para su hijo, quizá deba permanecer en casa y no ir a la escuela.

Para obtener información adicional sobre vacunas e inmunizaciones, sírvase ingresar a este sitio web: http://www.cdc.gov/vaccines/vac-gen/default.htm

Gracias por ayudarnos a mantener seguros a todos los niños de las escuelas de Wisconsin de las enfermedades que se pueden prevenir por medio de la vacunación.

Requisitos de vacunación para escuelas:

De jardín de infantes a 6.° grado

(School Immunization Requirements: Kindergarten-Sixth Grades)

Las vacunas son una de las herramientas más efectivas para mantener a la infancia sana y en la escuela. Se requieren algunas vacunas para los estudiantes de Wisconsin.*

¿Cómo completo el Student Immunization Record (Registro de Vacunación Estudiantil)?

Llame a su médico o al departamento de salud local y haga una **visita de vacunas** lo antes posible.

Complete el formulario del Student Immunization Record (Registro de Vacunación Estudiantil) (F-04020L) y luego **fírme** lo.
https://www.dhs.wisconsin.gov/library/F-04020L.htm

Entregue el formulario del Student Immunization Record (Registro de Vacunación Estudiantil) a la escuela al comienzo del nuevo año escolar.

Llame al consultorio de su médico o al departamento de salud local si **necesita ayuda** o más información.

Puede localizar e imprimir el registro de vacunación estudiantil a través del Wisconsin Immunization Registry (Registro de Vacunación de Wisconsin): https://www.dhs.wisconsin.gov/immunization/wir.htm

¿Cuáles vacunas y cuántas dosis necesita mi estudiante para ir a la escuela?

Su médico puede recomendar vacunas adicionales para mantener sano a su estudiante.

- 4 **Polio**
- 4 **DTaP/DTP/DT/TD**
- 3 **Hepatitis B**
- 2 **Sarampión, paperas, rubeola (MMR)**
- 2 **Varicela****

*Los requisitos de vacunación del Student Immunization Record (Registro de Vacunación Estudiantil) (F-04020L) pueden no exigirse por razones de salud, religión o creencias personales.
https://www.dhs.wisconsin.gov/library/F-04020L.htm

**No se requiere la vacuna contra la varicela si ha habido un diagnóstico de varicela de parte de un proveedor de atención médica calificado (MD, DO, NP o PA). Se acepta si en el archivo el estudiante cuenta con un informe de la familia por haber tenido varicela. Cada nuevo ingresante requerirá documentación de un proveedor de atención médica calificado.

WISCONSIN DEPARTMENT OF HEALTH SERVICES | DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASE | IMMUNIZATION PROGRAM

P-02395S
(07/2024)

Requisitos de vacunación para escuelas: De 7.° a 11.° grado

(School Requirements for Immunization: 7th-11th grades)

Las vacunas son un requisito para el alumnado de Wisconsin. * Puede obtener una copia en blanco del Student Immunization Record (Registro de Vacunación Estudiantil) en su escuela o puede descargar una copia: https://www.dhs.wisconsin.gov/library/F-04020L.htm. Entregue el formulario del Student Immunization Record (Registro de Vacunación Estudiantil) a la escuela al comienzo del nuevo año escolar.

*Estos requisitos pueden no exigirse por razones de salud, religión o creencias personales.

¿Cómo completo el Student Immunization Record (Registro de Vacunación Estudiantil)?

Llame a su médico o al departamento de salud local y haga una **visita de vacunas** lo antes posible.

Pídale a su médico que **complete** el formulario del Student Immunization Record (Registro de Vacunación Estudiantil) (F-04020L) y luego **fírmelo**.

Entregue el formulario del Student Immunization Record (Registro de Vacunación Estudiantil) a la escuela al comienzo del nuevo año escolar.

Llame al consultorio de su médico o al departamento de salud local si **necesita ayuda** o más información.

Puede localizar e imprimir el registro de vacunación estudiantil a través del Wisconsin Immunization Registry (Registro de Vacunación de Wisconsin): https://www.dhs.wisconsin.gov/immunization/wir.htm.

¿Cuáles vacunas y cuántas dosis necesita mi estudiante para ir a la escuela?

- Su médico puede recomendar vacunas adicionales para mantener sano a su estudiante.

4	**Polio**	4	**DTaP/DTP/DT/TD**		
3	**Hepatitis B**	2	**Varicela****	2	**Sarampión, paperas, rubeola (MMR)**
1	**Tdap**	1	**Vacuna meningocócica ACWY**		

**No se requiere la vacuna contra la varicela si ha habido un diagnóstico de varicela de parte de un proveedor de atención médica calificado (MD, DO, NP o PA). Se acepta si en el archivo el estudiante cuenta con un informe de la familia por haber tenido varicela. Cada nuevo ingresante requerirá documentación de un proveedor de atención médica calificado.

Vacunas recomendadas para niños de 11 y 12 años: lo que deben saber los padres

Vaccines Recommended at Ages 11-12: What Parents Should Know

Las vacunas no son solo para los bebés. Algunas de las vacunas que se aplican a los bebés pierden eficacia a medida que los niños crecen. A medida que los niños crecen, pueden entrar en contacto con enfermedades diferentes a las de cuando eran bebés. Existen vacunas que pueden ayudar a proteger a su preadolescente o adolescente contra estas enfermedades.

¿Qué vacunas necesita mi hijo?

- Vacuna Tdap: continúa la protección contra el tétanos, la difteria y la pertussis (tos ferina).
- Vacuna antimeningocócica conjugada tetravalente (MCV4) (meningocócica ACWY): esta vacuna protege contra infecciones provocadas por la *Neisseria meningitidis* en el recubrimiento del cerebro, la médula espinal y el torrente sanguíneo. Los preadolescentes deben aplicarse la primera dosis cuando tienen 11 o 12 años y un refuerzo a los 16 años.
- Vacuna contra el virus del papiloma humano (HPV): esta vacuna evita algunos tipos de precánceres y cánceres relacionados con el HPV. Los preadolescentes deben aplicarse dos dosis antes de cumplir los 13 años.
- Vacuna anual contra la gripe: evita el contagio y la propagación del virus de la gripe.
- Vacunas contra el COVID-19: mantenerse al día con los refuerzos contra el COVID-19 ayudará a evitar que contraigan COVID-19.

¿Cuándo debería vacunarse mi hijo?

- Durante un control médico anual. Consulte a su médico o al personal de enfermería si su hijo debería aplicarse alguna vacuna.
- En un examen físico solicitado para practicar un deporte, por la escuela o por un campamento.

¿Qué más debería saber sobre estas vacunas?

- Todas estas vacunas se estudiaron minuciosamente en ensayos clínicos para evaluar la seguridad y su eficacia antes de utilizarse con el público en general. Incluso luego de obtener la aprobación para su uso público, los científicos siguen controlando la seguridad de las vacunas.
- La mayoría de los efectos secundarios de las vacunas, como dolor en el lugar de la inyección, son leves y desaparecen por sí solos. Las vacunas no suelen provocar efectos secundarios graves.
- Es muy importante que le diga al médico o al personal de enfermería si su hijo tiene alguna alergia grave, como alergia a las levaduras, al látex o a los huevos de gallina, antes de que le apliquen las vacunas.
- Si tiene preguntas, hable con su médico o proveedor de cuidado de la salud.
- Para obtener más información, visite la página Immunizations: Childhood and Adolescent Vaccine Information (Inmunizaciones: información sobre vacunas para niños y adolescentes) del DHS https://www.dhs.wisconsin.gov/immunization/childhood.htm.

¿Cómo puedo recibir ayuda para pagar estas vacunas?

- El programa Vaccines for Children (Vacunas para niños, VFC) brinda vacunas para niños menores de 18 años que no tienen seguro o son elegibles para Medicaid (o Badger Care), indios americanos o nativos de Alaska.
- Visite la página web de VFC del DHS https://www.dhs.wisconsin.gov/immunization/vfc-parent.htm.

P-90022S
(02/2023)

BUREAU OF COMMUNICABLE DISEASE | IMMUNIZATION PROGRAM
WISCONSIN DEPARTMENT OF HEALTH SERVICES | DIVISION OF PUBLIC HEALTH

HMONG

TSAB CAI KEV TXHAJ TSHUAJ POV THAIV TUB NTXHAIS KAWM
COV UAS HNUB NYOOG/QIB KAWM TSIM NYOG YUAV TSUM TAU TXAJ TSHUAJ
(STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS)

Cov hauv qab no yog qhov tsawg kawg nkaus uas yuav tsum tau txhaj tshuaj rau txhua ncua hnub nyoog thiab qib kawm raws li Wisconsin Student Immunization Law (Tsab Cai Kev Txhaj Tshuaj Pov Thaiv Tub Ntxhais Kawm). Cov kev txhaj tshuaj no tuaj yeem zam tau vim muaj mob, muaj kev ntseeg, los sis kev ntseeg ntawm tus kheej. Tsis tas li ntawd xav kom txhaj tshuaj ntxiv rau koj tus me nyuam raws li nws lub hnub nyoog. Thov tiv tauj rau koj tus kws kho mob los sis lub tuam tsev hauj lwm saib xyuas kev noj qab haus huv hauv cheeb tsam kom txheeb saib seb koj tus me nyuam puas yuav tau txhaj tshuaj ntxiv.

Rooj Sob Teem 144.03-A
Yuav tsum tau txhaj tshuaj tiv thaiv kab mob rau xyoo kawm ntawv 2021-2022 thiab xyoo kawm ntawv nram qab no

Hnub Nyoog/Qib Kawm	Yuav Tsum Tau Txhaj Tshuaj Pov Thaiv Kab Mob (Tus Naj Npawb ntawm Cov Koob Txhaj)								
5 lub hlis mus txog 15 lub hlis	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV	
16 lub hlis mus txog 23 lub hlis	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV	
2 xyoos mus txog 4 xyoos	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV	
Qib tsev kawm me nyuam yaus mus txog qib 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B			
Qib 7 mus txog qib 11	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			1 Mening
Qib 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			2 Mening

1. Cov cai yuav tsum tau ua tseem siv tsis tau kom txog rau thaum Lub Ob Hlis Ntuj Tim 1, 2023, thiab yog li ntawd txoj cai thiaj tseem siv tsis tau rau cov xyoo kawm hauv xyoo 2021-2022 los sis 2022-2023. Txoj cai yuav tsum tau muaj Tdap rau cov qib kawm 7-11 tau muab coj mus siv rau lub xyoo kawm ntawv 2023-2024. Txoj cai hais txog Tus Kab Mob Ua Pob Ntshav (serogroup A,C,W,Y) tau muab coj los siv rau lub xyoo kawm 2024-2025.
2. Cov tsev kawm ntawv tsis tas yuav txheeb xyuas qhov tseeb txog cov koob tshuaj tiv thaiv kab mob Hib thiab PCV rau cov tub ntxhais kawm ntawv nyob rau qib kawm Tsev Kawm Ntawv Rau Me Nyuam Yaus (Pre-K).
3. Cov me nyuam yaus hnub nyoog 5 xyoos los sis tshaj saud uas tau sau npe kawm rau hauv chav kawm zov me nyuam yaus yuav tsum raug soj ntsuam siv cov kev cai txhaj tshuaj tiv thaiv kab mob rau qib me nyuam yaus mus txog qib 5, uas ib txwm yuav phim nrog lub hnub nyoog ntawm txhua leej.
4. D = mob hawb pob, T = mob ua paug, P = tshuaj tiv thaiv hnoos. Tshuaj tiv thaiv kab mob DTaP/DTP/DT/Td rau txhua tus tub ntxhais kawm ua ntej kawm qib me nyuam yaus txog 12: Yuav tsum tau txhaj tshuaj plaub koob. Tiam sis, yog tus neeg kawm ntawv tau txhaj koob thib 3 tom qab lub hnub yug 4 xyoos, yuav tsis tag txhaj cov koob tshuaj ntxiv lawm. **Cim Tseg**: Koob tshuaj plaub hnub los sis tsawg dua ua ntej lub hnub yug 4 xyoos kuj tseem txhaj tshuaj tau.
5. Tshuaj txhaj tiv thaiv DTaP/DTP/DT rau cov me nyuam yaus uas kawm nyob rau qib me nyuam yaus: Txhua tus tub ntxhais kawm yuav tsum tau txhaj tshuaj ib koob tshuaj tom qab hnub yug 4 xyoos (xws li koob thib 3, thib 4, los sis thib 5) kom phim nrog. **Cim Tseg**: Koob tshuaj plaub hnub los sis tsawg dua ua ntej lub hnub yug 4 xyoos kuj tseem txhaj tshuaj tau.
6. Tdap yog ib qho tshuaj tiv thaiv kab mob ua paug, mob hawb pob, thiab mob hnoos. Yog tias tub ntxhais kawm tau txais koob tshuaj txhaj tiv thaiv kab mob ua paug, xws li Td, hauv tsib xyoos ua ntej kawm rau qib uas yuav tsum tau txhaj Tdap, tub ntxhais kawm tau ua raws thiab tsis tas yuav txhaj koob tshuaj Tdap.
7. Tshuaj tiv thaiv kab mob polio rau cov tub ntxhais kawm qib me nyuam yaus mus txog qib 12: Yuav tsum tau txhaj koob tshuaj li plaub zaug. Tiam sis, yog tus neeg kawm ntawv tau txhaj koob thib 3 tom qab lub hnub yug 4 xyoos, yuav tsis tag txhaj cov koob tshuaj ntxiv lawm. **Cim Tseg**: Koob tshuaj plaub hnub los sis tsawg dua ua ntej lub hnub yug 4 xyoos kuj tseem txhaj tshuaj tau.
8. Yuav puav leej txais ntaub ntawv pov thawj ntsuas roj ntsha kev tiv thaiv ntawm kab mob siab B.
9. MMR yog tshuaj txhaj tiv thaiv kab mob qhua pias, pob qoob, thiab mob qhua maj. Yuav tau tshuaj thawj koob tshuaj MMR tiv thaiv yuav tsum tau txais nyob rau los sis tom qab hnub yug 1 xyoos. Qhov pov thawj ntawm chav kuaj mob ntawm kev txhawb zog rau tag nrho peb cov kab mob (qhua pias thiab pob qoob thiab mob qhua maj) kuj tau lees txais ib yam nkaus thiab. **Cim Tseg**: Koob tshuaj plaub hnub los sis tsawg dua ua ntej hnub nyoog 1 xyoos kuj tau lees txais ib yam nkaus thiab.
10. Qhov tshuaj tiv thaiv kab mob varicella yog tshuaj tiv thaiv kev ua qoob hlwv dej. Cov tub ntxhais kawm uas muaj keeb kwm uas tuaj yeem ntseeg tau hais txog tus kab mob varicella tsis tas yuav mus txhaj qhov tshuaj tiv thaiv varicella. Tus kws kho mob, tus pab kws kho mob, los sis tus kws sau tshuaj ua hauj lwm siab yuav tsum sau cov ntaub ntawv txog keeb kwm ntawm tus kab mob varicella los ntawm kev qhia tias tus tub ntxhais kawm tau muaj tus kab mob varicella thiab kos npe rau Daim Ntawv Tiv Thaiv Tub Ntxhais Kawm (DHS Daim Foos 04020L). Cov tub ntxhais kawm (tsis suav cov nkag tshiab thiab cov me nyuam kawm qib me nyuam yaus) nrog cov niam txiv cov kev tshaj tawm qhia txog tus kab mob ua ntej lub Tsib Hlis Ntuj 2024 raug suav hais tias yog kev tsis txaus siab.
11. Txhaj ib koob tshuaj tiv thaiv kab mob Meningococcal (serogroup A, C, W, Y) yog yuav tsum txhaj rau cov tub ntxhais kawm qib 7, thiab yuav tsum tau txhaj koob tshuaj ntxiv rau cov tub ntxhais kawm qib 12. Cov tub ntxhais kawm yuav raug soj ntsuam rau qhov kev xav tau no hauv qib 7 thiab qib 12 nkaus xwb. Cov tub ntxhais kawm hauv Wisconsin tam sim no nyob rau qib 8-11 yuav tsis raug soj ntsuam rau qhov yuav tsum tau ua kom txog thaum lawv nkag mus rau qib 12. Tsis tas yuav txhaj koob thib ob rau cov tub ntxhais kawm uas tau txais lawv thawj koob tshuaj MenACWY thaum muaj hnub nyoog 16 xyoo los sis tshaj saud.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020LH (05/2024)

STATE OF WISCONSIN
Wis. Stat. §§ 252.04 and 120.12 (16)

COV NTAUB NTAWV KAW TSEG FAB KEV TXHAJ TSHUAJ TIV THAIV NTAWM COV TUB NTXHAIS KAWM (STUDENT IMMUNIZATION RECORD)

Cov Lus Qhia rau Niam Txiv: Ua kom tiav thiab rov qab mus kawm ntawv tsis pub dhau **30 hnub tom qab hnub kawm ntawm**. Xeev txoj cai lij choj teeb tseg kom txhua cov tub ntxhais kawm hauv tsev kawm ntawv nce rau tsoom fwv thiab ntiag tug nthuav tawm qhov pov thawj uas sau ua ntaub ua ntawv txog kev txhaj tshuaj tiv thaiv rau qee cov kab mob **tsis pub dhau 30 hnub tom qab mus kawm ntawv**. Tam sim no muaj cov cai teeb tseg tshwj xeeb hais txog hnub nyoog/los sis qib kawm los ntawm cov tsev kawm ntawv thiab lub tuam tsev hauj lwm txog kev noj qab haus huv hauv zos. Tuaj yeem zam tau cov cai teeb tseg no tsuas yog thaum tau xa daim ntawv kev zam txoj cai txiav txim fab kev noj qab haus huv, cov kev ntseeg kab lig kev cai los sis kev ntseeg ntiag tug uas tau kos npe yam raug nrog lub tsev kawm ntawv. Lub hom phiaj ntawm daim foos no yog los ntsuas raws li txoj cai lij choj thiab yuav raug siv rau lub hom phiaj ntawd nkaus xwb. Yog tias koj muaj lus nug hais txog cov kev txhaj tshuaj tiv thaiv kab mob, los sis txoj hauv kev ua kom tiav daim foos no, ces txuas lus rau koj tus me nyuam lub tsev kawm ntawv los sis lub tuam tsev hauj lwm txog kev noj qab haus huv hauv zos.

Kauj Ruam 1 **Cov Ntaub Ntawv Ntiag Tug** **Thov Sau**

Tus Tub Ntxhais Kawm Ntawv Lub Npe	Hnub Yug (HLI/HNUB/XYOO)	Poj Niam Txiv Neej	Tsev Kawm Ntawv	Qib Kawm	Xyoo Kawm

Lub Npe Ntawm Tus Niam Txiv/Tus Saib Xyuas/Tus Saib Xyuas Uas Raug Raws Cai Lij Choj	Qhov Chaw Nyob (Txoj Kev, Nroog, Xeev, Tus Zauv Chaw Nyob)	Tus Naj Npawb Xov Tooj

Kauj Ruam 2 **Keeb Kwm Kev Txhaj Tshuaj Tiv Thaiv Kab Mob**

Teev tseg **hli, hnub, thiab xyoo** uas koj tus me nyuam tau txhaj txhua tej cov tshuaj tiv thaiv txuas mus no. Yog tias koj tsis muaj cov ntaub ntawv kaw tseg fab kev txhaj tshuaj tiv thaiv rau tus tub ntxhais kawm no, ces thov txuas lus rau koj tus kws kho mob los sis lub tuam tsev hauj lwm txog kev noj qab haus huv ntawm zej tsoom txhawm rau thov qhov tshuaj ntawd. Tej zaum koj kuj yuav siv Wisconsin Immunization Registry (Qhov Kev Sau Npe Txog Kev Txhaj Tshuaj Tiv Thaiv Ntawm Wisconsin): https://www.dhfswir.org/PR/clientSearch.do?language=en

Hom Tshuaj Txhaj Tiv Thaiv*	**Koob Tshuaj Xub Thawj** HLI/HNUB/XYOO	**Koob Tshuaj Thib Ob** HLI/HNUB/XYOO	**Koob Tshuaj Thib Peb** HLI/HNUB/XYOO	**Koob Tshuaj Thib Plaub** HLI/HNUB/XYOO	**Koob Tshuaj Thib Tsib** HLI/HNUB/XYOO
DTaP/DTP/DT/Td (Mob Qa Hla, Cov Kab Mob Tetanus, Hnoos Heev)					
Koob tshuaj txhawb ntxiv rau tub ntxhais hluas (Kos cim rau lub npov uas raug) ☐ Tdap ☐ Td					
Tus kab mob ua rau xiam oob qhab					
Kab mob siab B					
MMR (Cov Kab Mob Ua Qoob, Cov Mob Qog, Ua Pob)					
Varicella Tshuaj Tiv Thaiv (Kab Mob Khaus)					
Meningococcal (pab pawg xis laus ACWY)					

Cov tub ntxhais kawm uas muaj keeb kwm uas tuaj yeem ntseeg tau hais txog tus kab mob varicella tsis tas yuav mus txhaj qhov tshuaj tiv thaiv varicella. Yuav tsum muaj qhov kev kos npe los ntawm tus kws kuaj mob, tus neeg pab txhawb kws kuaj mob, los sis tus kws txib tu mob qib siab.

☐ Kuv lees txais tias tus tub ntxhais kawm no muaj keeb kwm uas tuaj yeem ntseeg tau txog tus kab mob varicella,

_____
KOS NPE – Tus Kws Pab Kho Mob Hnub Tim Kos Npe

Puas yog koj tus me nyuam muaj qhov kev kuaj ntshav (ntsuas ntshav) uas qhia pom tias muaj roj ntshav tiv thaiv kab mob hauv nruab nrog cev (muaj kab mob los sis kev txhaj tshuaj tiv thaiv kab mob yav dhau los) rau tej yam txuas mus no? Kos cim rau txhua yam uas siv tau.

☐ Kab Mob Varicella ☐ Kab Mob Qhua Pias ☐ Kab Mob Qog Noj Ntshav
☐ Rubella ☐ Kab Mob Siab B

Yog tias **yog**, ces muab cov ntaub ntawv tshaj tawm hauv chaw kuaj

Kauj Ruam 3 **Cov Cai Teeb Tseg**

Saib cov cai teeb tseg txog hnub nyoog/qib kawm rau xyoo kawm tam sim no txhawm rau txiav txim seb tus tub ntxhais kawm no puas muaj raug raws li cov cai teeb tseg.

Kauj Ruam 4 **Cov Ntaub Ntawv Kev Ua Raws**

Cov Tub Ntxhais Kawm Muaj Raug Raws Li Txhua Cov Cai Teeb Tseg
Kos npe nyob rau hauv Kauj Ruam 5 thiab xa daim foos no rov qab rau lub tsev kawm ntawv.
_____ **Los sis** _____

Cov Tub Ntxhais Kawm Uas Tsis Muaj Raug Raws Li Txhua Cov Cai Teeb Tseg

Kos cim rau lub npov uas phim nyob rau hauv qab no, kos npe nyob rau hauv Kauj Ruam 5, thiab xa daim foos no rov qab rau lub tsev kawm ntawv. **Thov nco ntsoov tias cov tub ntxhais kawm uas muaj roj ntshav tiv thaiv kab mob hauv nruab nrog cev tsis ua tiav ces tej zaum yuav raug tshem tawm ntawm tsev kawm ntawv yog tias tau tshwm sim tus kab mob no tuaj**.

☐ Tab txawm tias koj tus me nyuam tsis **tau** txhaj **txhua** koob tshuaj tiv thaiv uas tau teeb tseg los xij, twb tau txhaj **koob tshuaj xub thawj** lawm. Kuv nkag siab tias **cov koob thib ob** yuav tsum tau txais los ntawm 90 hnub kawm tom qab nkag mus kawm rau xyoo no, thiab **cov koob thib peb** thiab **cov koob thib plaub** yog tias xav tau yuav tsum tau txais los ntawm hnub kawm ntawv li 30 xyoo tom ntej. Kuv nkag siab tias nws yog kuv lub luag hauj lwm uas yuav ceeb toom rau lub tsev kawm ntawv uas sau ua ntaub ua ntawv nyob rau txhua tej lub sij hawm uas kuv tus me nyuam tau txhaj koob tshuaj uas yuav tsum tau txhaj.

Cim Tseg: Kev tsis tuaj kawm ntawv raws li teem caij tej zaum yuav tsim ua rau raug tshem tawm ntawm tsev kawm, kev nqis tes ntawm tsev hais plaub/los sis raug rau txim.

Cov Kev Zam (Teev Tseg Nyob Rau Hauv Kauj Ruam 2 saum toj no, cov hnub tim ntawm tej cov kev txhaj tshuaj tiv thaiv uas koj tus me nyuam tau mus txhaj)

☐ **Rau cov laj thawj fab kev noj qab haus huv** cov tub ntxhais kawm no tsis tsim nyog tau txhaj cov tshuaj tiv thaiv txuas mus no _____

_____ _____
KOS NPE – Tus Kws Kuaj Mob Hnub Tim Kos Npe

☐ **Rau cov laj thawj fab kev ntseeg kab lig kev cai,** Kuv tau xaiv tsis txhaj cov tshuaj tub ntxhais kawm no nrog cov tshuaj tiv thaiv txuas mus no lawm (kos cim rau txhua qhov siv)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Cov Kab Mob Ua Qoob, Cov Mob Qog, Ua Pob) ☐ Varicella ☐ MenACWY

☐ **Rau cov laj thawj fab kev cai txiav txim ntiag tug,** Kuv tau xaiv tsis txhaj cov tshuaj tub ntxhais kawm no nrog cov tshuaj tiv thaiv txuas mus no lawm (kos cim rau txhua qhov siv)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Cov Kab Mob Ua Qoob, Cov Mob Qog, Ua Pob) ☐ Varicella ☐ MenACWY

Kauj Ruam 5 **Kos Npe**

Daim foos no yog muaj txhij thiab raug rau kuv qhov kev paub zoo tshaj plaws. Kos cim rau ib qhov: (**Kuv ua** ☐ **Kuv tsis ua** ☐) muab qhov kev tso cai los faib tawm kuv tus me nyuam cov ntaub ntawv kaw tseg fab kev txhaj tshuaj tiv thaiv thiab thaum muaj kev hloov kho tshiab nrog rau Wisconsin Immunization Registry (Qhov Kev Sau Npe Txog Kev Txhaj Tshuaj Tiv Thaiv Ntawm Wisconsin) (WIR). Kuv nkag siab tias tej zaum kuv yuav tshem tawm daim ntawv tso cai no tau txhua tej lub sij hawm los ntawm kev xa daim ntawv ceeb toom uas sau ua ntaub ua ntawv rau hauv koog tsev kawm ntawv. Tom qab hnub tim tshem tawm, koog tsev kawm ntawv yuav tsis muab cov ntaub ntawv kaw tseg los sis cov ntaub ntawv hloov kho dua tshiab rau WIR.

_____ _____
KOS NPE - Tus Niam Txiv/Tus Saib Xyuas/Tus Saib Xyuas raug Raws Cai los sis Tus Tub Ntxhais Kawm Uas Yog Neeg Laus Hnub Tim Kos Npe

Tsab Ntawv Ceeb Toom Txog Qhov Muab Rho Tawm
NOTICE OF EXCLUSION

Hnub Tim:

Nyob Zoo Niam Txiv:

Tsab Ntawv Ceeb Toom Raws Cai uas muab ua ke tuaj ntawm no qhia rau koj paub tias tam sim no koj tus me nyuam ua tsis tau raws li Wisconsin Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law) thiab yog vim li no koj tus me nyuam yuav raug muab rho tawm hauv lub tsev kawm ntawv no mus rau thaum [*enter 31st school day*].

Yuav kom koj tus me nyuam tau kawm ntawv mus ntxiv los yog rov qab tau kawm dua tom qab muab nws rho tawm, koj yuav tau ua ib qho nram qab no:

(1) Muab hnub uas tau txhaj qhov (cov) tshuaj uas yuav tsum tau txhaj (lub hlis, hnub, thiab xyoo) rau lub tsev kawm ntawv no uas yog muab tau los ntawm koj tus me nyuam cov ntaub ntawv kho mob los yog muab los ntawm Wisconsin Qhov Chaw Rau Npe Cov Neeg Txhaj Tshuaj Wisconsin Immunization Registry. Rau ntawm hom tshuaj txhaj rau tus mob ua qhua taum (varicella) (chickenpox), ib daim ntawv qhia txog keeb kwm tau muaj tus mob yav dhau los kuj muab siv tau rau qhov no. Ntawv pov thawj kuaj pom tseeb tias cov roj ntsha hauv nruab nrog cev tiv thaiv tau tus mob kuj txais yuav tau rau cov mob no thiab: mob qhua pias (measles), mob qog (mumps), mob ua qoob (rubella), mob rau daim siab B (hepatitis B), thiab ua qhua taum (varicella).

LOS YOG

(2) Ua ib daim ntawv zam tsis tas txhaj tshuaj (claim a waiver).

Siv Me Nyuam Kawm Ntawv Daim Ntawv Txhaj Tshuaj (Student Immunization Record) uas muab nrog tuaj ntawm no los mus teev cov kev txhaj tshuaj uas tau muab piav los saum toj no.

Tsab Cai Kom Txhaj Tshuaj hauv Wisconsin (Immunization Law in Wisconsin) yog tsim tsa los tiv thaiv txhua tus me nyuam ntawm cov mob uas muaj tshuaj pab tiv thaiv tau. Tsab cai tau hais kom cov tsev kawm ntawv uas yog tsoom fwv li (public schools) hauv cov cheeb tsam tsev kawm ntawv (school districts) uas muaj tsawg dua 99% ntawm theem ua raws txoj cai kom muab cov me nyuam kawm ntawv uas ua tsis raws cai nyob qib kindergarten txog qib 5 rho tawm hauv tsev kawm ntawv mus. Tsab cai kuj tseem siv rau cov tsev kawm ntawv uas tsis yog tsoom fwv li (private schools) thiab. Cov tsev kawm ntawv uas tsis yog tsoom fwv li uas muaj tsawg dua 99% ntawm theem ua raws txoj cai yuav tsum muab cov me nyuam kawm ntawv uas ua tsis raws cai nyob qib kindergarten txog qib 5 rho tawm hauv tsev kawm ntawv mus. Ib tus me nyuam kawm ntawv uas ua tsis raws cai yog tus uas “poob qab txhaj tsis tas cov koob tshuaj uas tau teem tseg” (behind schedule) los mus txhaj hom (cov) tshuaj uas yuav tau txhaj, los yog tsis muaj ntaub ntawv txhaj tshuaj nyob hauv tsev kawm ntawv thiab tsis muaj ib daim ntawv kom zam tsis tas txhaj tshuaj nyob hauv cov ntaub ntawv khaws cia.

Ua tsaug rau qhov koj muab kev koom tes.

90th Day Letter-In Process

Hnub Tim:

Nyob Zoo Niam Txiv:

Raws li peb cov ntaub ntawv khaws tseg, koj tus me nyuam tseem nyob rau tus txheej txheem yuav tau txhaj kom puv tas nrho cov koob tshuaj thiaj tau mus kawm ntawv hauv Wisconsin. Peb thov nqua huv kom koj hu mus teem sij hawm txhaj cov koob tshuaj thiab coj koj tus me nyuam mus txhaj cov tshuaj kom puv kom ntseeg tau tias koj tus me nyuam tau txhaj cov tshuaj puv raws li nws lub hnub nyoog.

Kev txhaj tshuaj yog ib qho ntawm cov hauv kev zoo tshaj plaws los mus tiv thaiv peb cov me nyuam ntawm tej kev mob thiab tej teeb meem uas yuav tshwm sim tau los ntawm cov mob no. Kev txhaj tshuaj tseem ceeb heev tshwj xeeb tshaj plaws yog rau cov me nyuam hnub nyoog kawm ntawv vim tias cov me nyuam nyob hauv tsev kawm ntawv yog cov ntsib ze nrog lwm cov tsis tu ncua uas tej zaum lawv kuj tau los yog tseem tsis tau txhaj tshuaj tiv thaiv cov mob no.

Kom ua tau raws li Wisconsin Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law), thov hu rau koj tus me nyuam tus kws kho mob es mus txhaj cov tshuaj uas yuav tau txhaj. Hais kom koj tus me nyuam tus kws kho mob siv Wisconsin Qhov Chaw Rau Npe Cov Neeg Txhaj Tshuaj (Wisconsin Immunization Registry) thiab siv tej ntaub ntawv txhaj tshuaj uas koj muaj rau koj tus me nyuam los mus txiav txim seb cov tshuaj twg yog cov uas koj tus me nyuam yuav tau txhaj ntxiv. Yog hais tias koj tus me nyuam tsis muaj ib tus kws kho mob, thov hu rau *f* saib xyuas kev noj qab haus huv hauv koj lub zos (local health department) seb koj tus me nyuam puas mus txhaj tshuaj tau rau ntawm fab saib xyuas kev noj qab haus huv no. Koj yuav mus nrhiav tau tus xov tooj ntawm fab saib xyuas kev noj qab haus huv hauv zos nyob rau ntawm lub website no:
https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Thov hais rau koj paub tias nyob rau lub caij nplooj ntoos zeeg ntawm xyoo kawm ntawv xyoo tom ntej no, peb yuav muab koj tus me nyuam cov ntawv txhaj tshuaj rov los txheeb xyuas dua kom paub tseeb tias tus me nyuam tau txhaj tshuaj puv raws li nws qib kawm los yog muaj ib daim ntawv zam (waiver) tsis tas txhaj tshuaj nyob hauv peb cov ntaub ntawv lawm. Yog tsis muaj ntaub ntawv txhaj tshuaj txaus rau koj tus me nyuam, tej zaum yuav tau kom nws nyob twj ywm hauv tsev es tsis txhob mus kawm ntawv.

Yog xav paub ntxiv txog cov tshuaj los yog kev txhaj tshuaj, thov mus saib lub website no: http://www.cdc.gov/vaccines/vac-gen/default.htm

Ua koj tsaug rau qhov koj pab peb ua kom tas nrho cov me nyuam hauv Wisconsin cov tsev kawm ntawv nyob kaj huv tsis muaj mob uas yog ib yam tiv thaiv tau los ntawm kev txhaj tshuaj.

90th Day Letter-Not Compliant (Behind Schedule or No Record)

Hnub Tim:

Nyob Zoo Niam Txiv:

Raws li peb cov ntaub ntawv khaws tseg, xyoo kawm ntawv no koj tus me nyuam ua tsis tau raws li Wisconsin Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law). Qhov no txhais hais tias koj tus me nyuam tsis muaj ntaub ntawv tias tau txhaj cov tshuaj uas yuav tau txhaj thiab tsis muaj ib daim ntawv zam (waiver) tsis tas txhaj tshuaj nyob hauv peb cov ntaub ntawv.

Kev txhaj tshuaj yog ib qho ntawm cov hauv kev zoo tshaj plaws los mus tiv thaiv peb cov me nyuam ntawm tej kev mob thiab tej teeb meem uas yuav tshwm sim tau los ntawm cov mob no. Kev txhaj tshuaj tseem ceeb heev tshwj xeeb tshaj plaws yog rau cov me nyuam hnub nyoog kawm ntawv vim tias cov me nyuam nyob hauv tsev kawm ntawv yog cov ntsib ze nrog lwm cov tsis tu ncua uas tej zaum lawv kuj tau los yog tseem tsis tau txhaj tshuaj tiv thaiv cov mob no.

Hauv cov hli yuav los tom ntej no, peb thov nqua hu kom koj hu rau koj tus me nyuam tus kws kho mob es mus txhaj cov tshuaj uas yuav tau txhaj. Hais kom koj tus me nyuam tus kws kho mob siv Wisconsin Qhov Chaw Rau Npe Cov Neeg Txhaj Tshuaj (Wisconsin Immunization Registry) thiab siv tej ntaub ntawv txhaj tshuaj uas koj muaj rau koj tus me nyuam los mus txiav txim seb cov tshuaj twg yog cov uas koj tus me nyuam yuav tau txhaj ntxiv. Yog hais tias koj tus me nyuam tsis muaj ib tus kws kho mob, thov hu rau fab saib xyuas kev noj qab haus huv hauv koj lub zos (local health department) seb koj tus me nyuam puas mus txhaj tshuaj tau rau ntawm fab saib xyuas kev noj qab haus huv no. Koj yuav mus nrhiav tau tus xov tooj ntawm fab saib xyuas kev noj qab haus huv hauv zos nyob rau ntawm lub website no: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Thov hais rau koj paub tias nyob rau lub caij nplooj ntoos zeeg ntawm xyoo kawm ntawv xyoo tom ntej no, peb yuav muab koj tus me nyuam cov ntawv txhaj tshuaj rov los txheeb xyuas dua kom paub tseeb tias tus me nyuam tau txhaj tshuaj puv raws li nws qib kawm los yog muaj ib daim ntawv zam (waiver) tsis tas txhaj tshuaj nyob hauv peb cov ntaub ntawv lawm. Yog tsis muaj ntaub ntawv txhaj tshuaj txaus rau koj tus me nyuam, tej zaum yuav tau kom nws nyob twj ywm hauv tsev es tsis txhob mus kawm ntawv.

Yog xav paub ntxiv txog cov tshuaj los yog kev txhaj tshuaj, thov mus saib lub website no: http://www.cdc.gov/vaccines/vac-gen/default.htm

Ua koj tsaug rau qhov koj pab peb ua kom tas nrho cov me nyuam hauv Wisconsin cov tsev kawm ntawv nyob kaj huv tsis muaj mob uas yog ib yam tiv thaiv tau los ntawm kev txhaj tshuaj.

Tsev Kawm Ntawv Cov Cai Txhaj Tshuaj Tiv Thaiv: Tsev Kawm Me Nyuam Yaus-Qib Kawm Rau

(School Immunization Requirements: Kindergarten-Sixth Grades)

Cov koob tshuaj tiv thaiv kab mob yog ib hom ntawm cov khoom siv uas siv tau zoo tshaj plaws los pab kom cov me nyuam yaus noj qab nyob zoo thiab mus kawm tau ntawv. Yuav tsum tau txhaj qee cov koob tshuaj tiv thaiv kab mob rau cov tub ntxhais kawm hauv Wisconsin.*

Kuv yuav ua tiav daim ntawv Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) tau li cas?

Hu rau koj tus kws kho mob los sis lub tuam tsev hauj lwm kev noj qab haus huv hauv zos thiab mus **txhaj tshuaj tiv thaiv** kom sai li sai tau.

Sau daim foos Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) (F-04020L) thiab tom qab ntawd koj **kos npe** rau. https://www.dhs.wisconsin.gov/library/F-04020L.htm

Muab daim ntawv Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) rau tsev kawm thaum pib xyoo kawm tshiab.

Hu rau koj tus kws kho mob lub chaw ua hauj lwm los sis lub tuam tsev hauj lwm kev noj qab haus huv hauv cheeb tsam yog tias koj **xav tau kev pab** los sis xav paub ntau ntxiv.

Koj tuaj yeem taug qab thiab luam koj tus tub ntxhais kawm cov ntaub ntawv txhaj tshuaj tiv thaiv los ntawm Wisconsin Immunization Registry (Kev Tso Npe Txhaj Tshuaj Tiv Thaiv Kab Mob hauv Wisconsin): https://www.dhs.wisconsin.gov/immunization/wir.htm

Yam tshuaj tiv thaiv dab tsi thiab yuav tsum siv pes tsawg koob kuv tus tub ntxhais kawm thiaj tau mus kawm ntawv?

Tej zaum koj tus kws kho mob yuav pom zoo kom txhaj qee yam tshuaj tiv thaiv ntxiv kom koj tus me nyuam noj qab nyob zoo.

- 4 **Tus kab mob ua rau xiam oob**
- 4 **DTaP/DTP/DT/TD**
- 3 **Kab mob siab B**
- 2 **Cov Kab Mob Ua Qoob, Cov Mob Qog, Ua Pob**
- 2 **Tus kab mob Varicella****

*Cov cai hais txog koob tshuaj tiv thaiv kab mob tej zaum yuav tau txais kev zam txog cov laj thawj hais txog kev noj qab haus huv, kev ntseeg kev cai dab qhuas, los sis kev ntseeg ntawm tus kheej nyob hauv Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) (F-04020L). https://www.dhs.wisconsin.gov/library/F-04020L.htm

**Tsis tas yuav cov tshuaj txhaj tiv thaiv tus kab mob varicella yog tias tus tub ntxhais kawm tau kuaj mob pom tias muaj pob qoob los ntawm tus kws kho mob uas tsim nyog (MD, DO, NP los sis PA). Yog hais tias ib tus tub ntxhais kawm muaj ib daim ntawv ceeb toom qhia rau niam thiab txiv txog tus kab mob varicella nyob rau hauv cov ntaub ntawv, uas xam tias yog qhov lees txais tau. Txhua tus neeg tuaj tshiab yuav tsum tau muaj cov ntaub ntawv los ntawm tus kws kho mob tsim nyog.

WISCONSIN DEPARTMENT OF HEALTH SERVICES | DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASE | IMMUNIZATION PROGRAM

P-02395H
(07/2024)

Tsev Kawm Ntawv Txoj Cai Txhaj Tshuaj Tiv Thaiv: Qib kawm thib 7-thib 11

(School Requirements for Immunization: 7th-11th grades)

Yuav tsum tau txhaj tshuaj tiv thaiv rau cov tub ntxhais kawm hauv Wisconsin.* Koj tuaj yeem thov theej ib daim ntawv Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) los ntawm koj lub tsev kawm los sis rub tawm ib daim ntawv theej: https://www.dhs.wisconsin.gov/library/F-04020L.htm. Thaum pib kawm ntawv nyob rau xyoo tshiab, ua kom tiav Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) muab xa mus rau lub tsev kawm ntawv.

*Cov tshuaj txhaj tiv thaiv yuav raug zam vim lub laj thawj kev noj qab haus huv, kev ntseeg, los sis kev txiav txim siab ntawm tus kheej.

Kuv yuav ua tiav daim ntawv Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) tau li cas?

Hu rau koj tus kws kho mob los sis lub tuam tsev hauj lwm kev noj qab haus huv hauv zos thiab mus **txhaj tshuaj tiv thaiv** kom sai li sai tau.

Nug koj tus kws kho mob txhawm rau **sau** daim ntawv Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) (F-04020L) thiab tom qab ntawd koj **kos npe rau**.

Muab daim ntawv Student Immunization Record (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Kab Mob Rau Tub Ntxhais Kawm) rau tsev kawm thaum pib xyoo kawm tshiab.

Hu rau koj tus kws kho mob lub chaw ua hauj lwm los sis lub tuam tsev hauj lwm kev noj qab haus huv hauv cheeb tsam yog tias koj **xav tau kev pab** los sis xav paub ntau ntxiv.

Koj tuaj yeem taug qab thiab luam koj tus tub ntxhais kawm cov ntaub ntawv txhaj tshuaj tiv thaiv los ntawm Wisconsin Immunization Registry (Kev Tso Npe Txhaj Tshuaj Tiv Thaiv Kab Mob hauv Wisconsin): https://www.dhs.wisconsin.gov/immunization/wir.htm.

Yam tshuaj tiv thaiv dab tsi thiab yuav tsum siv pes tsawg koob kuv tus tub ntxhais kawm thiaj tau mus kawm ntawv?

Tej zaum koj tus kws kho mob yuav pom zoo kom txhaj qee yam tshuaj tiv thaiv ntxiv kom koj tus me nyuam noj qab nyob zoo.

- 4 **Tus kab mob ua rau xiam oob qhab**
- 4 **DTaP/DTP/DT/TD**
- 3 **Kab mob siab B**
- 2 **Tus kab mob Varicella****
- 2 **Cov Kab Mob Ua Qoob, Cov Mob Qog, Ua Pob**
- 1 **Tdap**
- 1 **Cov tshuaj txhaj tiv thaiv kab mob Meningococcal ACWY**

**Tsis tas yuav cov tshuaj txhaj tiv thaiv kab mob varicella yog tias tau kuaj mob pom tias muaj pob qoob los ntawm tus kws kho mob uas tsim nyog (MD, DO, NP los sis PA). Yog hais tias ib tus tub ntxhais kawm muaj ib daim ntawv ceeb toom qhia rau niam thiab txiv txog tus kab mob varicella nyob rau hauv cov ntaub ntawv, uas xam tias yog qhov lees txais tau. Txhua tus neeg tuaj tshiab yuav tsum tau muaj cov ntaub ntawv los ntawm tus kws kho mob tsim nyog.

WISCONSIN DEPARTMENT OF HEALTH SERVICES | DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASE | IMMUNIZATION PROGRAM

P-02395AH
(07/2024)

Cov Tshuaj Txhaj Tiv Thaiv Kab Mob Uas Tau Pom Zoo Siv Rau Cov Muaj Hnub Nyoog 11-12 Xyoos: Yam Cov Niam Txiv Tsim Nyog Paub

(Vaccines Recommended at Ages 11-12: What Parents Should Know)

Cov tshuaj txhaj tiv thaiv kab mob tsis yog rau cov me nyuam me xwb. Qee cov tshuaj txhaj tiv thaiv kab mob uas cov me nyuam me tau txais tuaj yeem yuav tsuag zuj zus lawm thaum cov me nyuam loj lawm. Thaum cov me nyuam loj lawm tej zaum lawv yuav los nphav raug kab mob ntau tshaj li thaum lawv tseem yog me nyuam me. Nws muaj ntau cov tshuaj tiv thaiv kab mob uas tuaj yeem pab pov thaiv tau koj cov me nyuam pib nto hluas los sis cov nyuam hluas los ntawm cov kab mob no.

Cov tshuaj txhaj tiv thaiv kab mob dab tsi kuv tus me nyuam tsim nyog siv?

- Tshuaj txhaj tiv thaiv kab mob Tdap: Qhov pab pov thaiv txuas mus ntxiv rau mob voos, mob nqaij lwj thiab mob ntsws (hnoos qhuav).
- Tshuaj txhaj tiv thaiv kab mob Quadrivalent meningococcal conjugate (MCV4) (meningococcal ACWY): Yam tshuaj txhaj tiv thaiv kab mob no pov thaiv tawm tsam kev kis kab mob los ntawm kab mob *Neisseria menigitidis* nyob npuab cov paj hlwb, cos txha nqaj qaum, thiab hauv ntshav. Cov pib nto hluas tsim nyog tau txais thawj koob tshuaj tiv thaiv thaum lawv muaj 11 los sis 12 xyoos thiab ib koob txhawb ntxiv thaum muaj 16 xyoo.
- Tshuaj txhaj tiv thaiv kab mob Human papillomavirus (HPV): Yam tshuaj txhaj tiv thaiv kab mob no pov thaiv qee cov npaj ua mob qog noj ntshav thiab cov mob qog noj ntshav cuam tshuam HPV (Mob Pob Cos). Cov pib nto hluas tsim nyog tau txais ob koob ua ntej muaj 13 xyoo.
- Tshuaj txhaj tiv thaiv kab mob khaub thuas txhaj ib xyoos ib lwm: Pov thaiv tawm tsam kev ua mob thiab kev kis kab mob khaub thuas.
- Tshuaj txhaj tiv thaiv kab mob COVID-19: Txhaj koob tshuaj pab txhawb ntxiv tiv thaiv kab mob COVID-19 tshiab yuav pab pov thaiv tau kev ua mob los ntawm COVID-19 .

Thaum twg kuv tus me nyuam yuav tau txhaj?

- Ncua sij hawm mus ntsuam xyuas kev noj qab haus huv ib xyoos ib lwm. Nug koj tus kws kho mob los sis kws tu neeg mob txhua xyoo seb puas muaj cov tshuaj txhaj tiv thaiv kab mob uas koj tus me nyuam yuav tau siv.
- Nyob ntawm qhov chaw ntsuam xyuas ib ce rau ua kis las, kawm ntawv los sis chaw pw pem hav zoov.

Dab tsi ntxiv kuv tsim nyog paub txog ntawm cov tshuaj txhaj tiv thaiv kab mob?

- Cov tshuaj txhaj tiv thaiv kab mob yeej tau txais kev ua zoo tshawb fawb lawm los ntawm ntau cov kev sim kho mob kom ntaus nqi tau kev nyab xeeb thiab seb nws siv tau zoo npaum cas ua ntej nws yuav raug siv rau zej tsoom neeg. Tab txawm tias tom qab lawv muaj ntawv tso cai siv rau zej tsoom neeg siv lawm los, cov kws tshawb fawb tseem soj saib mus ntxiv hais txog kev nyab xeeb ntawm cov tshuaj txhaj tiv thaiv kab mob.
- Cov kev fab tshuaj feem ntau los ntawm cov tshuaj txhaj tiv thaiv kab mob muaj xws li mob qhov chaw txhaj tshuaj me ntsis thiab nws mam zoo nws sai xwb. Cov kev fab tshuaj loj los ntawm cov tshuaj txhaj tiv thaiv kab mob kuj muaj tsawg.
- Nws yog ib yam tseem ceeb los qhia rau tus kws kho mob los sis tus kws tu neeg mob yog tias koj tus me nyuam muaj kev fab tshuaj loj, suav nrog rau kev fab yam ua mov, yaj muaj txab, los sis qe qaib, ua ntej lawv yuav txhaj cov tshuaj tiv thaiv kab mob.
- Yog koj muaj lus nug, sib tham nrog koj tus kws kho mob los sis kws tu neeg mob.
- Rau lus qhia ntxiv, mus saib DHS Immunizations (Kev Txhaj Tshuaj Tiv Thaiv Kab Mob): Childhood and Adolescent Vaccine Information (Cov Ntaub Ntawv Txhaj Tshuaj Tiv Thaiv Me Nyuam Yaus thiab Cov Tub Ntxhais Hluas) nplooj vev xaib qhia txog. https://www.dhs.wisconsin.gov/immunization/childhood.htm.

Kuv yuav tau txais kev pab them cov tshuaj txhaj tiv thaiv kab mob no li cas?

- Lub Khoos Kas Vaccines for Children (Cov Tshuaj Txhaj Tiv Thaiv Kab Mob Rau Cov Me Nyuam Yaus, VFC) rau cov me nyuam hnub nyoog 18 xyoo thiab me dua ntawd, tus uas tsis muaj kev tuav pov hwm, muaj cai rau-Medicaid (los sis Badger Care), Neeg Mes Kas Is Dias los sis Neeg As Lav Xab Kas Qhab.
- Mus saib lub DHS VFC nplooj vev xaib. https://www.dhs.wisconsin.gov/immunization/vfc-parent.htm.

P-90022H
(02/2023)

BUREAU OF COMMUNICABLE DISEASE | IMMUNIZATION PROGRAM
WISCONSIN DEPARTMENT OF HEALTH SERVICES | DIVISION OF PUBLIC HEALTH

SOMALI

DIIWAANKA TALLAALKA ARDEYDA
SHURUUDAHA LAGA RABO DA'DA/FASALKA
(STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS)

Inta soo socoto ayaa ah tirade ugu yar ee tallaalka da' walbo iyo fasal walbo sida waafaqsan Wisconsin Student Immunization Law (Sharciga tallaalka Ardayda). Shuruudahan ayaa looga tagi karaa sababo la xiriira caafimaadka, diinta ama sababo shaqsiyadeed. Tallaalo dheeriya ayaa lagula tallin karaa ilmahaaga ayadoo ay ku xiran tahay da'da ilmaha. Fadlan la xiriir dhaqtarkaaga ama waaxda caafimaadka ee deegaankaaga haddii ilmahaaga u baahan yahay tallaalo dheeriya.

Teebalka 144.03-A
Tallaalladii la iska rabay Sannad-dugsiyeedkii 2021-2022 iyo Sannadihii Kale ee ka Dambeeyey

Da'da/Fasalka	Tallaalka loo baahan yahay (Tirada Darsin)								
5 bilood ilaa 15 bilood	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV	
16 bilood ilaa 23 bilood	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV	
2 sanno ilaa 4 sanno	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV	
Kindergarten ilaa Fasalka 6aad	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B			
Fasalka 7 ilaa fasalka 11	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			1 Mening
Fasalka 12aad	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			2 Mening

1. Shuruuduhu ma dhaqangelin ilaa 1dii Feberaayo, 2023, oo sidaas awgeed sharcigiina lama dhaqangelin karin sannad-dugsiyeedkii 2021-2022 ama 2022-2023. Shuruudaha Tdap ee fasallada 7aad ilaa 11aad waxaa la hirgeliyey sannad-dugsiyeedkii 2023-2024. Shuruudaha Qooryooyaha (serogroup A,C,W,Y) waxaa la hirgeliyey sannad-dugsiyeedkii 2024-2025.
2. Iskuullada shuruud kuma aha xaqiijinta tallaallada Hib iyo PCV ee ardeyda Pre-K.
3. Carruurta > 5 jir ee bilaabeysa Farbarashada ama Pre-K waa in la qiimeeyo iyada oo la isticmaalayo shuruudaha tallaalka ee Barbaratooniga ama Kindergarten ilaa fasalka 5aad, oo caadi ahaan waxaa loo eegayaa ilma kasta da'diisa.
4. D= Jeermis sun ah, T = teetano, P = xiiqdheer. DTaP/DTP/DT/Td tallaal oo laga rabo arday kasta Xanaanada Caruurta ilaa Fasalk 12aad: Afar qeybood ayaa khasab ah. Hase ahaatee, haddii arday soo qaatay qeybta 3aad ka dib dhalashada 4aad, qeybo dheeraad ah loogama baahna. **Ogow**: Qeyb ah wax ka yar 4aad maalmood ka hor dhalashada 4aad waa la aqbali karaa.
5. Tallaallada carruurta ee DTaP/DTP/DT markay bilaabayaan Xanaanada: Mid kastaa waa in uuu soo qaatay hal qeyb dhalashada 4aad si ay sharciga u raacaan (ama qeybta 3aad, 4aad, ama 5aad). **Ogow**: qeyb ah wax ka yar 4aad maalmood ka hor dhalashada 4aad waa la aqbali karaa.
6. Tdap waa teetanada dhallinta, gowracatada iyo tallaalka xiiqdheerta. Haddii arday soo qaatay hal qeyb oo tallaal teetanadu ku jirto, sida Td, 5 sano gudahood ka hor inta uusan bilaabin fasalka Tdap looga baahan yahay, ardeygu wuxuu raacay sharciga oo qeyb kale oo ah tallaalka Tdap loogama baahna.
7. Tallaalka dabeysha ee ardeyda bilaabeysa kindergarten ama barbaratooniga ilaa Fasalka 12aad: Afar qeybood ayaa laga rabaa. Hase ahaatee, haddii arday soo qaatay qeybta 3aad ka dib dhalashada 4aad, qeybo dheeraad ah loogama baahna. **Ogow**: qeyb ah wax ka yar 4aad maalmood ka hor dhalashada 4aad waa la aqbali karaa.
8. Caddeyn sheybaar oo ah difaac in laga haysto cagaarshowga B waa la aqbali karaa.
9. MMR waa tallaalka jadeecada, qaamowqashiirka, iyo jadeeco-beenaadka. Darsinka ugu horeyo tallaalka MMR waa in aad qaadatay dhalashada 1aad. Caddeyn sheybaar oo ah difaac in laga haysto dhammaan saddexda cudur (jadeecada, qaamowqashiirka iyo jadeeca-beenaadka) waa la aqbali karaa. **Ogow**: qeyb ah wax ka yar 4 maalmood ka hor dhalashada 1aad waa la aqbali karaa.
10. Tallaalka Varicella waa tallaalka busbuska. Ardeyda uu ku soo dhacay xanuunka busbuska ama hablabaaska lagama rabo in ay qaataan tallaalka Busbuska. Dhakhtar, dhakhtar-caawiye, ama dhakhtar-xigeen daawo qora waa in ay soo caddeeyaan taariikhda busbuska ama hablabaaska iyagoo soo sheegaya in uu busbus ilmaha horay ugu soo dhacay oo waa in ay saxiixaan Foomka Talaalka Ardeyda (Foomka DHS 04020L). Ardeyda (marka laga reebo kuwa cusub iyo barbaratooniga) ee haysata warbixin waalid oo ah xanuun ku soo dhacay ka hor Meey 2024 waxaa loo tixgelinayaa wax la aqbalayo.
11. Hal mar oo ah tallaalka Qoorgooyaha (kooxda seero A,C,W,Y) ayaa laga raba ardeyda galeysa fasalka 7aad, iyo tallaal ah xoojin ardeyda galeysa fasalka 12aad. Ardeyda waxaa shuruuddan laga hubinayaa fasalka 7aad iyo fasalka 12aad keliya. Ardeyda Wisconsin ee hadda ku jirta fasalka 8aad-11aad lagama hubin doono shuruudahan ilaa ay bilaabaan fasalka 12aad. Tallaal labaad lagama rabo ardeyda soo qaadatay tallaalka koowaad ee MenACWY marka ay da'doodu gaarto 16 jir ama ka weyn.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020LSO (05/2024)

STATE OF WISCONSIN
Wis. Stat. §§ 252.04 and 120.12 (16)

DIIWAANKA TALLAALKA ARDEYDA
(STUDENT IMMUNIZATION RECORD)

Tilmaamaha Waalidku raacayaan: Buuxi oo iskuulka marka la furo ugu soo gudbi **ilaa 30 maalmood**. Sharciga gobolka waxa uu dhigayaa ardeyda dhigata iskuullada oo dhan in ay keenaan caddeyn qoran oo ah tallaallada laga rabo marka iskuulku bilowdo **ilaa iyo 30 maalmood**. Shuruudaha gaarka ah ee da'da/fasalka ardeydu ku jirto ayaa laga heli karaa iskuullada iyo waaxyaha caafimaadka ee deegaanka. Shuruudaha keliya oo laga isaga dhaafi karo waa marka si habboon loo soo saxiixo ka-dhaafid ah caafimaad, ama mid diin ah ama go'aan shakhsi ah oo iskuulka loo soo gudbiyo. Ujeedka foomkan waa in la ogaado sida sharciga loo raacayo oo sababtaas awgeed oo keliya ayaa laguula soo xiriiray. Haddii aad su'aalo ka qabto tallaallada, ama sida aad u buuxineyso foomkan, la xiriir iskuulka ilmahaagu dhigto ama waaxda caafimaadka ee deegaanka.

Tallaabada 1aad **Xogta Shakhsiyeed** **Far Waaweyn Ku Qor**

Magaca Ardeyga	Taariikhda Dhalashada (XX/XX/XXXX)	Jinsiga	Iskuulka	Fasalka	Sannad-dugsiyeedka

Magaca Waalidka/Masuulka/Koriyaha Sharciyeysan	Cinwaanka (Jidka, Magaalada, Gobolka, Lambarka Boostada Xaafadda ama Zip)	Lambarka Taleefanka

Tallaabada 2aad **Tallaalladii Hore**

Qor **Bisha, maalinta, iyo sannadka** ilmahaaga la siiyey tallaal kasta oo socda. Haddii aadan haysan caddeynta tallaallada ee ilmahaaga, la xiriir dhakhtarka ilmaha ama waaxda caafimaadka dadweynaha si aad uga soo hesho. Waxa kale oo aad ka baaran kartaa Wisconsin Immunization Registry (Diiwaanka Tallaallada Wisconsin): https://www.dhfswir.org/PR/clientSearch.do?language=en

Nooca Tallaalka*	**Tallaalkii Koowaad** XX/XX/XXXX	**Tallaalkii Labaad** XX/XX/XXXX	**Tallaalkii Saddexaad** XX/XX/XXXX	**Tallaalkii Afaraad** XX/XX/XXXX	**Tallaalkii Shanaad** XX/XX/XXXX
DTaP/DTP/DT/Td (Tallaalka Carruurta, Teetanada, Qiixdheex)					
Xoojiyaha dhallinta (calaamadi hal santuuq) ☐ Tdap ☐ Td					
Dabeysha					
Cagaarshowga B					
MMR (Jadeecada, Qaamowqashiirka, Jadeeco-beenaad)					
Varicella Tallaalka (Busbuska)					
Meningococcal (kooxda sero ACWY)					

Ardeyda marka la hubsado in ay soo qaateen tallaalka varicella loogama baahna in ay qaataan tallaalka varicella. Saxiixa dhakhtarka, dhakhtar-caawiye, ama dhakhtar-xigeen daawo qori kara ayaa la iska rabaa.
☐ Waxaan caddeynayaa in ilmahaygu soo qaatay tallaalka busbuska oo waa la soo baaran karaa,

_____
SAXIIXA – Goobta Caafimaadka Taariikhdii Saxiixa

Miyaa ilmahaaga laga qaaday dhiig ah baaris (xoogaa) si loo hubiyo (difaaciisa haddii ay jiraan) wax xanuun ah oo ku soo dhacay ama laga tallaalay? Calaamadi intii ku khuseysa oo dhan.
☐ Busbus ☐ Jadeeco ☐ Qaamowqashiir ☐ Jadeeco-beenaad
☐ Cagaarshowga B
Haddii aad **haa** tiri, soo gudbi caddey(maha) sheybaarka

Tallaabada 3aad. **Shuruudaha**

U tixraac shuruudaha da'da/fasalka sannad-dugsiyeedka hadda si aad u fahamto haddii ilmahaaygu buuxiyey shuruudaha.

Tallaabada 4aad. **Fulinta Sharciga**

Ardeyda Soo Buuxisa Shuruudaha
Saxiix Tallaabada 5aad oo foomka u soo gudbi iskuulka.
_____ **Ama** _____

Ardeyda aan Soo Buuxin Shuruudaha

Calaamadi hal santuuqa saxda ah, saxiix Tallaabada 5aad, oo foomkan u soo dir iskuulka. **Fadlan ogow in ardeyda aan soo buuxin shuruudaha taalaalka laga eryi karo iskuulka haddii uu soo bato xanuun aan markaas laga soo tallaalin.**

☐ Inkastoo ilmahaygu **uusan** soo qaadan tallaalladii laga rabay oo **dhan**, waxaa la soo siiyey **qeybta(baha) koowaad** ee laga rabay. Waxaan fahamsanahay in laga rabo **qeybta(baha) labaad** bilowga iskuulka ilaa maalinta 90aad ee furitaanka sanad-dugsoiyeedka, iyo **qeybta(baha) saddexaad** iyo **qeybta(baha) afaraad** haddii la iska rabo maalinta 30aad ee sannad-dugsiyeedka soo socda. Waxa aan sidoo kale fahamsanahay in aan anigu masuul ka ahay in aan mar kasta si qoraal ah iskuulka ku soo ogeysiiyo in ilmahaygu soo qaadan doono tallaalka laga rabo.

Ogow: Ardeyda aan soo qaadan tallaallada laga rabo iskuulka ayaa laga eryi karaa, maxkamad ayaa loo gudbin karaa iyo/ama maqnaanshaha ayaa lagu ciqaabi karaa.

Ka-reebista (Ku qor tallaabada 2aad ee kore, taariikhda(aha) tallaal kasta oo ilmahaagu soo qaatay)

☐ **Sababo caafimaad awgood** ardaygan ma qaadan karo tallaallada hoose _____

_____ _____
SAXIIXA – Dhakhtarka Taariikhdii Saxiixa

☐ **Sababo diimeed awgeed,** Waxaan anigu go'aansaday in uusan ilmahaygu qaadan tallaallada soo socda (calaamadi intii ku khuseysa oo dhan)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Jadeecada, Qaamowqashiirka, Jadeecada Rubella) ☐ Varicella ☐ MenACWY

☐ **Sababo shakhsiyeed awgeed,** Waxaan anigu go'aansaday in uusan ilmahaygu qaadan tallaallada soo socda (calaamadi intii ku khuseysa oo dhan)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Jadeecada, Qaamowqashiirka, Jadeeca-beenaadka) ☐ Varicella ☐ MenACWY

Tallaabada 5aad. **Saxiix**

Foomkan waa mid dhammeystiran oo sax ah inta aan ogahay. Calaamadi hal jawaab: (**Waan oggolahay** ☐ **Ma oggoli** ☐) in la sii wadaago diiwaanka tallaalka ilmahayga iyo marka wax laga beddelo mustaqbalka Wisconsin Immunization Registry (Diiwaanka Tallaallada Wisconsin ama WIR). Waxaan fahamsanahay in markii aan rabo aan ka noqon karo oggolaanshaha oo iskuulkana si qoraal ah ayaan ku soo ogeysiin doonaa. Taariikhda aad ka noqoto ka dib, iskuulku ma bixin doono diiwaanka tallaalka ama wixii ku cusub WIR.

_____ _____
SAXIIXA - Waalidka/Masuulka/Koriyaha Sharciyeysan ama Ardeyga Qaangaaray Taariikhda Saxiixa

Ogaysiiska ka Saarista
NOTICE OF EXCLUSION

Taariikhda:

Gacaliye Waalid:

Ogaysiiska Sharciga ah ee ku lifaaqan wuxuu sheegayaa in ilmahaagu wakhtigan aan ku taagnaan Sharciga Tallaalka Ardayga Wisconsin (Wisconsin Student Immunization Law) sidaa darteedna laga saari doono dugsiga *[enter 31st school day]*.

Si ilmahaagu dugsiga uu u sii dhigto ama dib loogu soo celiyo kadib saarista, waxa khasab ah inaad samayso mid kamid ah waxa soo socda:

(1) Sii dugsigan taariikhda (bisha, maalinta, iyo sannadka) tallaalka la rabo oo ka keen diiwaanada caafimaad ee ilmahaaga ama Wisconsin Immunization Registry. Hablobaasta (busbuska), taariikhda qaadista xanuunka ayaa sidoo kale la aqbali karaa. Caddayn shaybaadh ee tallaalka ayaa sidoo kale la aqbali karaa cudurradan: jadeecada, dhago-fidiyaha (qaamoqashiir), rubbeelada, cagaarshow B, iyo busbuska.

AMA

(2) Ku andacoo ka dhaafis.

Isticmaal Diiwaanka Tallaalka Ardayga ee ku lifaaqan si aad u bixiso macluumaadka sare lagu sheegay.

Sharciga Tallaalka ee Wisconsin (Immunization Law in Wisconsin) waxa loo ansixiyey si looga ilaaliyo carruurta oo dhan cudurrada tallaalka looga hortagi karo. Sharcigu wuxuu farayaa dugsiyada dadwaynaha ee degmo dugsiyeedyada ee leh in kayar 99% heerka ku taagnaanta in la saaro ardayda aan ku taagnayn sharciga barbaarinta ilaa fasalka shanaad. Sharcigu sidoo kale wuxuu khuseeyaa dugsiga gaarka loo leeyahay. Dugsiyada gaarka loo leeyahay ee leh in kayar 99% heerka ku taagnaanta waxa laga rabaa inay saaraan ardayda aan ku taagnayn sharciga barbaarinta ilaa fasalka shanaad. Ardayga aan ku taagnayn sharcigu waa kan “jadwalka ka dib dhaca” tallaalka loo baahan yahay, ama aan ku lahayn diiwaan tallaal oo feel garaysan dugsiga ama aan lahayn ka dhaafis feel garaysan.

Waad ku mahadsan tahay iskaashigaaga.

90th Day Letter-In Process

Taariikhda:

Gacaliye Waalid:

Marka la eego diiwaanadayada, ilmahaagu wuxuu kujiraa hab-socodka helista dhammaan tallaalka looga baahan yahay dhigashada dugsiyada Wisconsin. Waxa aanu kugu boorinaynaa inaad sii waddo oofinta ballamaha tallaalka oo ilmahaaga geey ballamahan si aad u hubiso in ilmahaagu noqdo mid qaatay tallaalka loo baahan yahay da'diisa.

Tallaalku waa mid kamid ah hababka ugu muhiimsan ee ka ilaalinta carruurta cudurrada iyo cawaaqibyada ka iman kara cudurradan. Tallaalku si gaar wuxuu muhiim ugu yahay carruurta da'da dugsiga sababtoo ah carruurta dugsiga dhigtaa waxay si joogto ah ugu dhaw yihiin dad kale kuwaasi oo ay dhici karto in laga ilaaliyey ama aan laga ilaalin cudurradan.

Si aad ugu taagnaado ku-dhaqanka Sharciga Tallaalka Ardayga Wisconsin (Wisconsin Student Immunization Law), fadlan la xidhiidh bixiyaha daryeelka caafimaadka ilmahaaga si aad u hesho tallaalka loo baahan yahay. Ku boori bixiyaha daryeelka caafimaadka ilmahaaga inuu isticmaalo Diiwaanka Tallaalka Wisconsin (Wisconsin Immunization Registry) iyo wixii diiwaano tallaal ah ee aad ka hayso ilmahaaga si uu u go'aamiyo tallaalada ilmahaagu u baahan yahay inuu helo. Haddii ilmahaagu aanu lahayn bixiye daryeel caafimaad, fadlan la xidhiidh waaxda caafimaadka deegaankaaga si aad u go'aamiso haddii ilmahaagu mutaystay inuu helo tallaalada waaxda caafimaadka. Macluumaadka la-xidhiidhka waaxda caafimaadka deegaanka waxaa laga heli karaa bogga internetka: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Fadlan ogow in dayrta sannad dugsiyeedka dambe, diiwaanada tallaalka ilmahaaga dib loo qiimayn doona si loo hubiyo inuu qaatay tallaalka la rabo heerkiisa/eeda fasalka ama ka dhaafista feelka ugu jiro. Haddii caddaymo ku filan aan laga dhiibin ilmahaaga, waxa dhici karta in loo baahdo inuu guriga joogo oonu dugsiga iman.

Macluumaad dheeraad ah oo kusaabsan tallaalka, fadlan booqo boggan internetka: http://www.cdc.gov/vaccines/vac-gen/default.htm

Waad ku mahadsan tahay inaad naga caawisay ka badbaadinta dhammaan carruurta dugsiyada Wisconsin cudurrada lagaga hortagi karo tallaalka.

90th Day Letter-Not Compliant (Behind Schedule or No Record)

Hnub Tim:

Nyob Zoo Niam Txiv:

Raws li peb cov ntaub ntawv khaws tseg, xyoo kawm ntawv no koj tus me nyuam ua tsis tau raws li Wisconsin Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law). Qhov no txhais hais tias koj tus me nyuam tsis muaj ntaub ntawv tias tau txhaj cov tshuaj uas yuav tau txhaj thiab tsis muaj ib daim ntawv zam (waiver) tsis tas txhaj tshuaj nyob hauv peb cov ntaub ntawv.

Kev txhaj tshuaj yog ib qho ntawm cov hauv kev zoo tshaj plaws los mus tiv thaiv peb cov me nyuam ntawm tej kev mob thiab tej teeb meem uas yuav tshwm sim tau los ntawm cov mob no. Kev txhaj tshuaj tseem ceeb heev tshwj xeeb tshaj plaws yog rau cov me nyuam hnub nyoog kawm ntawv vim tias cov me nyuam nyob hauv tsev kawm ntawv yog cov ntsib ze nrog lwm cov tsis tu ncua uas tej zaum lawv kuj tau los yog tseem tsis tau txhaj tshuaj tiv thaiv cov mob no.

Hauv cov hli yuav los tom ntej no, peb thov nqua hu kom koj hu rau koj tus me nyuam tus kws kho mob es mus txhaj cov tshuaj uas yuav tau txhaj. Hais kom koj tus me nyuam tus kws kho mob siv Wisconsin Qhov Chaw Rau Npe Cov Neeg Txhaj Tshuaj (Wisconsin Immunization Registry) thiab siv tej ntaub ntawv txhaj tshuaj uas koj muaj rau koj tus me nyuam los mus txiav txim seb cov tshuaj twg yog cov uas koj tus me nyuam yuav tau txhaj ntxiv. Yog hais tias koj tus me nyuam tsis muaj ib tus kws kho mob, thov hu rau fab saib xyuas kev noj qab haus huv hauv koj lub zos (local health department) seb koj tus me nyuam puas mus txhaj tshuaj tau rau ntawm fab saib xyuas kev noj qab haus huv no. Koj yuav mus nrhiav tau tus xov tooj ntawm fab saib xyuas kev noj qab haus huv hauv zos nyob rau ntawm lub website no: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Thov hais rau koj paub tias nyob rau lub caij nplooj ntoos zeeg ntawm xyoo kawm ntawv xyoo tom ntej no, peb yuav muab koj tus me nyuam cov ntawv txhaj tshuaj rov los txheeb xyuas dua kom paub tseeb tias tus me nyuam tau txhaj tshuaj puv raws li nws qib kawm los yog muaj ib daim ntawv zam (waiver) tsis tas txhaj tshuaj nyob hauv peb cov ntaub ntawv lawm. Yog tsis muaj ntaub ntawv txhaj tshuaj txaus rau koj tus me nyuam, tej zaum yuav tau kom nws nyob twj ywm hauv tsev es tsis txhob mus kawm ntawv.

Yog xav paub ntxiv txog cov tshuaj los yog kev txhaj tshuaj, thov mus saib lub website no: http://www.cdc.gov/vaccines/vac-gen/default.htm

Ua koj tsaug rau qhov koj pab peb ua kom tas nrho cov me nyuam hauv Wisconsin cov tsev kawm ntawv nyob kaj huv tsis muaj mob uas yog ib yam tiv thaiv tau los ntawm kev txhaj tshuaj.

Shuruudaha Tallaallada Iskuulka: Fasallada Kindergarten (Barbaratooni) ilaa Lixaad

(School Immunization Requirements: Kindergarten-Sixth Grades)

Tallaaladu waa qalabka ugu wanaagsan ee lagu ilaaliyo caafimaadka caruurta marka ay joogaan dugsiga. Qaar kamid ah tallaalada ayaa looga baahan yahay ardayda Wisconsin.*

Sidee baan u soo buuxinayaa Student Immunization Record (Diiwaanka Tallaalka Ardeyga)?

La xidhiidh dhakhtarkaaga ama waaxda caafimaadka ee deegaanka oo ka qabso **ballanta tallaalka** sida ugu dhaqso badan.

Buuxi foomka Student Immunization Record (Diiwaanka Tallaalka Ardeyga)(F-04020L) ka dibna **adigu** saxiix. https://www.dhs.wisconsin.gov/library/F-04020L.htm

Sii foomka Student Immunization Record (Diiwaanka Tallaalka Ardeyga) iskuulka marka la bilaabayo sannad-dugsiyeedka cusub.

La xidhiidh dhakhtarka ama waaxda caafimaadka ee deegaanka haddii aad **u baahan tahay caawimaad** ama macluumaad dheeraad ah.

Waxaad caddeynta tallaalka ardeyga kala socon kartaa oo aad ka daabacan kartaa barta intarnetka ee Wisconsin Immunization Registry (Diiwaanka Tallaalka Wisconsin): https://www.dhs.wisconsin.gov/immunization/wir.htm

Tallaalladee iyo qiyaas intee leeg ayaa laga rabaa ardayga markuu joogo dugsiga?

Waxa laga yaabaa in dhakhtarku ku taliyo tallaallo dheeraad ah si loo ilaaliyo caafimaadka ardayga.

- 4 **Dabeysha**
- 4 **DTaP/DTP/DT/TD**
- 3 **Cagaarshowga B**
- 2 **Jadeecada, Qanjo xanuunka, Jadeeco-beenaad**
- 2 **Hablobaas****

*Shuruudaha tallaalka la iska ravo waa laga dhaafi karaa Student Immunization Record (Diiwaanka Tallaalka Ardeyga) (F-04020L) sababo caafimaad, diimeed, ama cadaymo shaqsiyadeed. https://www.dhs.wisconsin.gov/library/F-04020L.htm

**Tallaalka busbuska lagama rabo ardeyda uu busbusku mar hore ku soo dhacay marka uu soo caddeeyo daawaqore (MD, DO, NP ama PA). Haddii ay waalid sheegaan oo laga qoro in ilma busbus ku soo dhacay, waa la aqbalayaa. Ardeyda cusub waa in ay caddeyn ka keenaan goob caafimaad oo dhab ah oo shaqeysa.

WISCONSIN DEPARTMENT OF HEALTH SERVICES | DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASE | IMMUNIZATION PROGRAM

P-02395SO
(07/2024)

Shuruudaha Tallaallada Iskuulka:

Fasallada 7aad ilaa 11aad

(School Requirements for Immunization: 7th-11th grades)

Tallaallo ayaa laga rabaa ardeyda Wisconsin.* Iskuulka ayaa laga heli karaa koobbiga foomka Student Immunization Record (Diiwaanka Tallaalka Ardeyga) ama kala soo dego: https://www.dhs.wisconsin.gov/library/F-04020L.htm. Marka la bilaabayo sannad-dugsiyeedka cusub, iskuulka u gee foomka Student Immunization Record (Diwaanka Tallaalka Ardeyga).

*Shuruudaha busbuska ayaa la isaga dhaafi karaa sababo la xiriira caafimaadka, diin ama sababo shakhsiyadeed.

Sidee baan u soo buuxinayaa Student Immunization Record (DiwaankaTallaalka Ardayga)?

La xidhiidh dhakhtarkaaga ama waaxda caafimaadka ee deegaanka oo ka qabso **ballanta tallaalka** sida ugu dhaqso badan.

Dhakhtarka u sheeg in **laguu buuxiyo** Student Immunization Record (Diiwaanka Tallaalka Ardeyga) (F-04020L) ka dibna adigu **saxiix** foomka.

Sii foomka Student Immunization Record (Diiwaanka Tallaalka Ardeyga) iskuulka marka la bilaabayo sannad-dugsiyeedka cusub.

La xidhiidh dhakhtarka ama waaxda caafimaadka ee deegaanka haddii aad **u baahan tahay caawimaad** ama macluumaad dheeraad ah.

Waxaad caddeynta tallaalka ardeyga kala socon kartaa oo aad ka daabacan kartaa barta intarnetka ee Wisconsin Immunization Registry (Diiwaanka Tallaalka Wisconsin): https://www.dhs.wisconsin.gov/immunization/wir.htm.

Tallaalladee iyo qiyaas intee leeg ayaa laga rabaa ardayga markuu joogo dugsiga?

Waxa laga yaabaa in dhakhtarku ku taliyo tallaallo dheeraad ah si loo ilaaliyo caafimaadka ardayga.

- 4 **Dabeysha**
- 4 **DTaP/DTP/DT/TD**
- 3 **Cagaarshowga**
- 2 **Hablabaas****
- 2 **Jadeecada, Qanjo xanuunka, Jadeeco-beenaad**
- 1 **Tdap**
- 1 **Tallaalka Xuubmaskaxeedka oo ay ku jirto ACWY**

**Tallaalka busbuska lagama rabo ardeyda uu busbusku mar hore ku soo dhacay marka uu dhakhtar soo caddeeyo daawaqore (MD, DO, NP ama PA). Haddii ay waalid sheegaan oo laga qoro in ilma busbus ku soo dhacay, waa la aqbalayaa. Ardeyda cusub waa in ay caddeyn ka keenaan goob caafimaad oo dhab ah oo shaqeysa.

Tallaallada la Siinayo 11 jirka ilaa 12 jirka: Waxay Waalidku Ogaanayaan

Vaccines Recommended at Ages 11-12: What Parents Should Know

Tallaalladu carruurta oo keliya ma qaataan. Qaar ka mid ah tallaallada carruurta jirkooda ayey ka sii baxaan markay carruurtu weynaato. Marka ay carruurtu weynaadaan waxaa la qaadsiin karaa cudurro ka duwan kuwa la qaadsiiyo marka ay yar yihiin. Waxaa jira tallaallo difaac u ah dhallinta iyo dhallinyarada soo koreysa.

Waa maxay tallaallada ilmahaygu u baahan yahay?

- Tallaalka Tdap: Waa kan ka difaacaya teetanada, gawracatada, iyo xiiqdheerta (qiixdheerta qufaca badan).
- Tallaalka caabuqa maskaxda (MCV4) (difaaca xuubka maskaxda ACWY): Tallaalkan wuxuu ilmaha ka difaacaa bakteeriyada *Neisseria menigitidis* caabuqeeda, nooca gala xuubka maskaxda, lafta xangullaha, iyo qulqulka dhiigga. Dhallintu waa in ay ku qaataan da'da 11 jir ama 12 jir iyo xoojiye ah markay gaaraan 16 jir.
- Tallaalka faayruska burooyinka (HPV): Tallaalkan waa kan looga hortago qaar ka mid ah kansar badan ama kansarka uu keeno HPV. Waa in dhallinta laga tallaalo laba jeer ka hor inta aysan gaarin 13 jir.
- Tallaalka fuluuga sannad kasta: Waa kan ka difaacaya in la qaadsiiyo faayraska fuluuga iyo in ay sii faafiyaan.
- Tallaalka COVID-19: Waa in dhallinta la siiyo xoojiye kasta oo ah COVID-19 si looga difaaco COVID-19.

Goorma ayaa tallaalka laga rabaa ilmahayga?

- Marka la sameynayo wiisiteynta sannadka. Sannad kasta weydiiso dhakhtarka ama kalkaalisada haddii ilmuhu tallaal u baahan yahay.
- Marka loo buuxinayo waraaqaha isboortiska, iskuulka, ama dibadbixidda.

Maxaa kale oo ay waalidku tallaallada ka ogaanayaan?

- Tallaal kasta si taxadar leh ayaa loo soo tijaabiyaa si loo hubiyo badqabka iyo waxtarka laga helayo ka hor inta aan dadweynaha oo dhan lagu sii tallaalin. Xataa ka dib marka tallaal la oggolaado, aqoonyahanka ayaa la soconaya badqabka tallaallada.
- Inta badan waxyeellada tallaalka waa xanuun laga dareemo meesha la iska duro oo waa wax fudud oo socda muddo yar. Dhibaatooyin halis ah in ay keenaan tallaalladu waa naadir.
- Waxaa muhiim ah in aad u sheegto dhakhtarka ama kalkaalisada haddii ay ilmahaagu xasaasiyad ku qabsaan tallaalka, sida khamiirka, cinjirka gacmaha, ama ukunta digaagga, ka hor inta aan ilmahaaga la tallaalin.
- Haddii aad su'aalo ka qabto, weydii dhakhtarka ama kalkaalisada.
- Wixii macluumaad dheeraad ah, booqo barta DHS Childhood and Adolescent Vaccine Information: (Macluumaadka DHS ee Tallaalka Carruurta iyo Dhallinta) https://www.dhs.wisconsin.gov/immunization/

Sidee baa la iigu caawin karaa bixinta lacagta tallaallada?

- Vaccines for Children (Barnaamijka Tallaallada Carruurta ama VFC) ayaa ka bixiya lacagta tallaalka carruurta gaartay ama ka yar 18 jir, dadka aan caymis haysan, kuwa xaqa u leh Medicaid (ama Badger Care), Hindida Mareykanka, ama Dhaladka Alaska.
- Booqo barta intarnetka ee DHS VFC https://www.dhs.wisconsin.gov/immunization/vfc-parent.htm.