DEPARTMENT OF HEALTH SERVICES

Division of Public Health

F-04020L (Rev. 02/08)

STATE OF WISCONSIN

252.04 and 120.12 (16) Wis. Stats.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

	PERSONAL DATA	PLEASE PRINT				
Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number	
	IMMUNIZATION HISTORY					
Step 2	List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A ($$) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.					
	TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DC Mo/Day/Yi		FOURTH DOSI Mo/Day/Yr	E FIFTH DOSE Mo/Day/Yr
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Per	tussis)				
	Adolescent booster (Check appropriate boo	κ)				_
	Polio		Ī			
	Hepatitis B				*Hib vaccine is only required for children in licensed day care centers. Do not report the dates your child received Hib vaccine on this form.	
	MMR (Measles, Mumps, Rubella)					
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not chickenpox disease. See below:	had				
	Has your child had Varicella (chickenpox) of And provide the year if known: YES year (Vac					
	□ NO or Unsure (Vaccine required)					
	REQUIREMENTS					
Step 3	Refer to the age/grade level requirements for	determine if	his student meets the re	quirements.		
L	COMPLIANCE DATA					
Step 4	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. Or					
	STUDENT DOES NOT MEET ALL REQUIREMENTS					
	Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETEY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.					
	Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and 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 and notify the school may result in court action and a fine of up to \$25.00 per day of violation.					
	WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)					
	For health reasons this student should not receive the following immunizations					
	SIGNATURE - Physician		Date Signed			
	For religious reasons this student should not be immunized.					
	For personal conviction reasons this student should not be immunized.					
	LIST VACCINE(S) WAIVED					
	SIGNATURE					
Step 5	This form is complete and accurate to the best of my knowledge.					
	SIGNATURE - Parent/Guardian/Legal Custo	odian or Adult Student		Date Signed		