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.

Grade/Age	Number of Doses								
Pre-K (ages 2 through 4 yrs) ¹	4 DTaP/DTP/DT ²		3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸			
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td ^{2,3}		4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸			
Grades 6 through 12	4 DTaP/DTP/DT/Td ²	1 Tdap⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸			

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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.
- 6. Laboratory evidence of immunity to hepatitis B is also acceptable.
- 7. 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.
- 8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.



Wis. Stat. §§ 252.04 and 120.12 (16)

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

STUDENT IMMUNIZATION RECORD

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

1	PERSONAL DATA PLEASE PRINT											
Stu	udent's Name	Birthdate (MM/DD/YY	YY) Gender	Sch	ool		Grade	School Year				
Na	ame of Parent/Guardian/Legal Custodian	Address (Street	t, City, State, 2	Zip)		Teleph	one Numbe	er				
2 IM	IMUNIZATION HISTORY											
Lis qu	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, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.											
40	TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DO MM/DD/YY		THIRD DOSE MM/DD/YYYY	FOURTH DO MM/DD/YYY		FIFTH DOSE MM/DD/YYYY				
Pe	TaP/DTP/DT/Td (Diphtheria, Tetanus, ertussis)											
Ad	dolescent booster (Check appropriate box) ☐ Tdap ☐ Td											
Po	plio											
Не	epatitis B											
	MR (Measles, Mumps, Rubella)											
Vac	aricella (Chickenpox) Vaccine accine is required only if your child has not had hickenpox disease. See below:											
ap □ □	as your child had Varicella (chickenpox) diseas opropriate box and provide the year if known: YES Year (Vaccine not required) NO or Unsure (Vaccine required)	e? Check the	Has your child had a blood test (titer) that shows immunity (had diseas previous vaccination) to any of the following? (Check all that apply) ☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B If YES, provide laboratory report(s)					apply)				
3 R	EQUIREMENTS											
Re	efer to the age/grade level requirements for the	current school year	to determine it	this s	tudent meets the re	equirements.						
	OMPLIANCE DATA											
Sig	FUDENT MEETS ALL REQUIREMENTS gn at Step 5 and return this form to school. Or											
Ch	FUDENT DOES NOT MEET ALL REQUIREM neck the appropriate box below, sign at Step 5. AY BE EXCLUDED FROM SCHOOL IF AN OU	and return this form				MPLETELY I	MMUNIZEI	O STUDENTS				
	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.											
NO	NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.											
WA	WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)											
	For health reasons this student should no	t receive the following	g immunizatio	ns								
	SIGNATURE - Physician Date Signed											
	For religious reasons, I have chosen not ☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Police						apply)					
	For personal conviction reasons, I have ☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio						eck all that	apply)				
	GNATURE											
im co	nis form is complete and accurate to the best or imunization records and as they are updated in insent at any time by sending written notification cords or updates to the WIR.	the future with the V	Visconsin Imm	unizat	ion Registry (WIR)	. I understand	that I may	revoke this				

Date Signed

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student