



# ATTENTION PARENTS/GUARDIANS: WISCONSIN STUDENT IMMUNIZATION LAW



The Wisconsin Student Immunization law has recently changed. New vaccine requirements for Tdap and Varicella were added which may affect your child's compliance with the law. Parents are **required** to have their children vaccinated or claim a waiver by indicating their choice on the attached Student Immunization Record and return it to their child's school **by the 30<sup>th</sup> day of school**. Failure to do so may result in a fine of up to \$25 per day or possible exclusion from school. Be sure to indicate your child's most recent Tetanus-containing vaccine when completing Student Immunization Record as this will effect their compliance.

### What are the new law requirements and what grades do they effect?

- 2 doses of **varicella (chickenpox) vaccine** for students **entering grades K - 12**
- 1 dose of **tetanus, diphtheria and acellular pertussis vaccine (Tdap)** for students **entering grades 6 – 12**

<u>Age/Grade</u>	<u>Number of Doses</u>					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT	3 Polio	3 Hep B	1 MMR	1 Var*	
<b>Grade K – 5</b>	4 DTP/DTaP/DT/Td	4 Polio	3 Hep B	2 MMR	<b>2 Var*</b>	
<b>Grade 6 – 12</b>	4 DTP/DTaP/DT/Td	<b>1 Tdap</b>	4 Polio	3 Hep B	<b>2 MMR</b>	<b>2 Var*</b>

\* Please note: History of Chicken Pox Disease makes student exempt from Varicella requirements.

### What do parents/guardians need to do?

- 1) Please check your child's immunization record. If you are unsure of their compliance with the new immunization law, please contact your child's doctor or local public health department to confirm compliance.
- 2) If your child's immunization records indicate they are already compliant with the new immunization law, please complete the Student Immunization Record with the most up-to-date information, sign it and return to your child's school.
- 3) If your child's immunization records indicate they are **NOT** compliant with the new immunization law, please have your child vaccinated with Tdap, Varicella, or other required vaccines as soon as possible. Record the date(s) of the immunizations on the Student Immunization Record, sign it and return to your child's school.
- 4) To claim a waiver for health, religious or personal conviction reasons follow the instructions on the Student Immunization Record and return the signed form to your child's school.

### Are there EXCEPTIONS to the new Tdap and varicella vaccine requirements?

- 1) EXCEPTION for Tdap vaccine: If your child will be entering **grades 6 – 12** and already received a tetanus-containing vaccine (ex: Td vaccine) within the last 5 years, your child is compliant and Tdap vaccine is not required. Check the box marked "Td", enter the date it was received on the Student Immunization Record and return it to school.
- 2) EXCEPTION for Varicella vaccine: If your child had chickenpox disease, even after the 1<sup>st</sup> dose of varicella vaccine, further doses of the vaccine are not required. Check the "Yes" box to the chickenpox disease question on the Student Immunization Record and return it to school.

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**OFFICE: DISTRIBUTE TO ALL KINDERGARTENERS & NEW STUDENTS WITH REGISTRATION FORMS.  
DISTRIBUTE TO STUDENTS ENTERING GRADE 6 AND OTHER STUDENTS AS NEEDED.**

## 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 regarding immunizations, or how to complete this form contact your child's school or local health department.

**PERSONAL DATA**

**PLEASE PRINT**

<b>Step 1</b> 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, 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.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)	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) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)				

**REQUIREMENTS**

**Step 3** Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

**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 INCOMPLETELY 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 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

**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

**SIGNATURE**

**Step 5** 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 \_\_\_\_\_