

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.

PERSONAL DATA PLEASE PRINT

Step 1 Student's Name, Birth date (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 (v) OR (x) except to answer the question about chickenpox, Tdap or Td. Table with columns: TYPE OF VACCINE*, FIRST DOSE, SECOND DOSE, THIRD DOSE, FOURTH DOSE, FIFTH DOSE.

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. 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)

LIST VACCINE(S) WAIVED

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). SIGNATURE- Parent/Guardian/Legal Custodian or Adult Student Date Signed