

**OCONOMOWOC AREA SCHOOL DISTRICT
Student Immunization/Health Record**

School Year: 2019-20

State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. Students not in compliance by the 30th day of school may be excluded until compliance is achieved.

Student's Name: _____			
Birthdate: _____	Grade: _____	School in 2019-20: _____	

Minimum Required Immunizations

Grade	Vaccine				
Pre-Kindergarten (2 years through 4 years) (includes 4 year old kindergarten)	4 DTap/DTP/DT/Td	3 Polio	3 HEP B	1 MMR ***	1 Varicella <u>or</u> chickenpox disease history
Grades Kindergarten - 5th	4 DTap/DTP/DT/Td*	4 Polio **	3 HEP B	2 MMR ***	2 Varicella <u>or</u> chickenpox disease history
Grades 6-12	4 DTap/DTP/DT/ Td and 1 Tdap	4 Polio **	3 HEP B	2 MMR ***	2 Varicella <u>or</u> chickenpox disease history

NOTE: * One dose must be after their 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant.

** If your child received a 3rd dose of Polio after their 4th birthday, no further doses are required.

*** 1st dose must be on or after 1st birthday

Immunization History

Please complete this form entering the dates (month, day and year) in the appropriate boxes for each immunization received to date.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Waiver
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 (Chicken Pox)						

Has your child had chickenpox disease? Check the appropriate box and provide the year

- Yes (vaccine is not required)
 No or Unsure (vaccine is required)

SIGN HERE

W A I V E R S	<input type="checkbox"/> For medical reasons, this child should not receive the following vaccines: _____ _____ Date: _____ Physician's Signature (required <u>only</u> for a medical waiver)
	<input type="checkbox"/> For personal conviction reasons, this child should not be immunized <input type="checkbox"/> For religious reasons, this child should not be immunized. List Vaccine(s) Waived _____

This form is complete and accurate to the best of my knowledge.

➔ X _____ Date _____
 Signature of Parent/Legal Guardian/Legal Custodian or Adult Student

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**STUDENT IMMUNIZATION LAW
 AGE/GRADE REQUIREMENTS**

The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. Additional immunizations may be recommended for your child depending on his/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 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸

- Children > 4 years of age 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.
- 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.
- 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.
- Tdap is 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.
- 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.
- Laboratory evidence of immunity to hepatitis B is also acceptable.
- MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday Note: a dose four days or less before the 1st birthday is also acceptable. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable.
- Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

Area Immunization Clinics and General Screening Clinics

Bring your child's records or previous immunizations with you to the clinic

Waukesha County Public Health Clinic, call 262-896-8430
 Jefferson County Health Department, call 920-674-7275

The Wisconsin Immunization Registry (WIR) is a secure computerized data system that tracks the immunizations given to people in Wisconsin. Parents and legal guardians have access to look up their child's immunization record in the WIR. To access the WIR go to: <http://dhfswir.org/>

*****More on reverse*****

