

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.

**Table 144.03-A
Required Immunizations for the 2023-2024 School Year**

Age/Grade	Required Immunizations (Number of Doses)							
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B		
Grade 7 through grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B		

- 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 6, which would normally correspond to the individual's age.
- D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTaP/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 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.
- 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 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.
- Varicella vaccine is chickenpox vaccine. Students with a reliable history of varicella disease are not required to receive the Varicella vaccine. A parent or guardian may indicate that their student has had chickenpox on the Student Immunization Record form (F-04020L).



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.

Step 1 PERSONAL DATA PLEASE PRINT

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)		Telephone Number	

Step 2 IMMUNIZATION HISTORY

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 MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
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 <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
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)		

Step 3 REQUIREMENTS

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

Step 4 COMPLIANCE DATA

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** 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.

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

Step 5 SIGNATURE

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**

School Immunization Requirements: Kindergarten-Sixth Grades

Vaccines are one of the most effective tools to keep kids healthy and in school. Some vaccines are required for Wisconsin students.*



How do I complete the Student Immunization Record?

-  Call your doctor or local health department and make a **vaccine visit** as early as possible.
-  **Fill out** the Student Immunization Record form (F-04020L) and then you **sign** it. <https://www.dhs.wisconsin.gov/library/F-04020L.htm>
-  **Give** the Student Immunization Record form to the school at the beginning of the new school year.
-  **Call** your doctor's office or local health department if you **need help** or more information.



You can track and print your student's vaccine record through the Wisconsin Immunization Registry: <https://www.dhs.wisconsin.gov/immunization/wir.htm>

What vaccines and how many doses does my student need for school?

▶ Your doctor may recommend additional vaccines to keep your student healthy.

4 **Polio**

4 **DTaP/DTP/DT/TD**

3 **Hepatitis B**

2 **Measles, Mumps, Rubella**

2 **Varicella****

*Vaccine requirements may be waived on the Student Immunization Record (F-04020L) for health, religious, or personal conviction reasons. <https://www.dhs.wisconsin.gov/library/F-04020L.htm>

**Varicella vaccine is not required if there is a history of varicella (chicken pox) disease.



School Requirements for Immunization: 7th-12th grades



Vaccines are one of the most effective tools to keep kids healthy and in school. Some vaccines are required for Wisconsin students.*

How do I complete the Student Immunization Record?



Call your doctor or local health department and make a **vaccine visit** as early as possible.



Fill out the Student Immunization Record form (F-04020L) and then you **sign** it: <https://www.dhs.wisconsin.gov/library/F-04020L.htm>



Give the Student Immunization Record form to the school at the beginning of the new school year.



Call your doctor's office or local health department if you **need help** or more information.



You can track and print your student's vaccine record through the Wisconsin Immunization Registry: <https://www.dhs.wisconsin.gov/immunization/wir.htm>.

What vaccines and how many doses does my student need for school?

▶ Your doctor may recommend additional vaccines to keep your student healthy.

4 Polio

4 DTaP/DTP/DT/TD

3 Hepatitis B

2 Varicella**

1 Tdap

2 Measles, Mumps, Rubella

*Vaccine requirements may be waived on the Student Immunization Record (F-04020L) for health, religious, or personal conviction reasons: <https://www.dhs.wisconsin.gov/library/F-04020L.htm>

**Varicella vaccine is not required if there is a history of varicella (chicken pox) disease.



Vaccines Recommended at Ages 11-12: What Parents Should Know



Vaccines aren't just for babies. Some of the vaccines that babies get can become less effective as kids get older. As kids grow up they may also come in contact with different diseases than when they were babies. There are vaccines that can help protect your pre-teen or teen from these illnesses.

What vaccines does my child need?

- ◆ Tdap vaccine: This continues protection against tetanus, diphtheria, and pertussis (whooping cough).
- ◆ Quadrivalent meningococcal conjugate (MCV4) (meningococcal ACWY) vaccine: This vaccine protects against infection from *Neisseria meningitidis* in the lining of the brain, spinal cord, and bloodstream. Pre-teens should get the first dose when they are 11 or 12 and a booster at age 16.
- ◆ Human papillomavirus (HPV) vaccine: This vaccine prevents some pre-cancers and cancers related to HPV. Pre-teens should get two doses before they turn 13 years old.
- ◆ A yearly flu vaccine: It protects against getting sick and spreading the flu virus.
- ◆ COVID-19 vaccines: Staying up to date on COVID-19 boosters will help prevent getting sick from COVID-19.

When should my child be vaccinated?

- ◆ During a yearly health checkup. Ask your doctor or nurse every year if there are any vaccines that your child may need.
- ◆ At a physical exam required for sports, school, or camp.

What else should I know about these vaccines?

- ◆ These vaccines have all been studied carefully through clinical trials to evaluate safety and how well they work before they are used with the general public. Even after they are licensed for public use, scientists continue to monitor the safety of vaccines.
- ◆ Most side effects from vaccines such as pain at the injection site are mild and go away quickly on their own. Serious side effects from vaccines are rare.
- ◆ It is very important to tell the doctor or nurse if your child has any serious allergies, including allergies to yeast, latex, or chicken eggs, before they receive any vaccines.
- ◆ If you have questions, talk to your doctor or health care provider.
- ◆ For more information, visit DHS's Immunizations: Childhood and Adolescent Vaccine Information page <https://www.dhs.wisconsin.gov/immunization/childhood.htm>.

How can I get help paying for these vaccines?

- ◆ The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured, Medicaid-eligible (or Badger Care), American Indian, or Alaska Native.
- ◆ Visit the DHS VFC web page <https://www.dhs.wisconsin.gov/immunization/vfc-parent.htm>.

