

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 Tdap ⁴	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.





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

Why does my child need vaccines now?

Vaccines aren't just for babies. Some of the vaccines that babies get can wear off as kids get older. And as kids grow up they may come in contact with different diseases than when they were babies. There are vaccines that can help protect your preteen or teen from these other illnesses.

What vaccines does my child need?

Tdap Vaccine

This vaccine helps protect against three serious diseases: tetanus, diphtheria, and pertussis (whooping cough). Preteens should get Tdap at age 11 or 12. If your teen didn't get a Tdap shot as a preteen, ask their doctor or nurse about getting the shot now.

Meningococcal Vaccine

Meningococcal conjugate vaccine protects against some of the bacteria that can cause meningitis (swelling of the lining around the brain and spinal cord) and septicemia (an infection in the blood). Preteens need the first meningococcal shot when they are 11 or 12 years old and a second meningococcal shot at age 16. Teens who got the meningococcal shot when they were 13, 14, or 15 years old should still get a second shot at age 16. Older teens who haven't gotten any meningococcal shots should get one dose as soon as possible.

HPV Vaccine

Human papillomavirus (HPV) vaccines help protect both girls and boys from HPV infection and cancer caused by HPV. All preteens need HPV vaccination so they can be protected from HPV infections that cause cancer. HPV vaccination is a series of shots given over several months. Teens and young adults who didn't start or finish the HPV vaccine series also need HPV vaccination. The best way to remember to get your child all of the shots they need is to make an appointment for the remaining shots before you leave the doctor's office or clinic.

Flu Vaccine

The annual flu vaccine is the best way to reduce the chances of getting seasonal flu and spreading it to others. Even healthy preteens and teens can get very sick from the flu and spread it to others. While all preteens and teens should get a flu vaccine, it's especially important for those with chronic health conditions such as asthma, diabetes, and heart disease to get vaccinated. The best time to get the flu vaccine is as soon after it's available in your community, ideally by October. While it's best to be vaccinated before flu begins causing illness in your community, flu vaccination can be beneficial as long as flu viruses are circulating, even in January or later.

When should my child be vaccinated?

A good time to get these vaccines is during a yearly health checkup. Your preteen or teen can also get these vaccines at a physical exam required for sports, school, or camp. It's a good idea to ask the doctor or nurse every year if there are any vaccines that your child may need.

What else should I know about these vaccines?

These vaccines have all been studied very carefully and are safe. They can cause mild side effects, like soreness or redness in the part of the arm where the shot was given. Some preteens and teens might faint after getting a shot. Sitting or lying down when getting a shot and then for about 15 minutes after the shot, can help prevent fainting. Serious side effects 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 shots.

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, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.

Where can I learn more?

Talk to your child's doctor or nurse about what vaccines they may need. You can also find more information about these vaccines on CDC's Vaccines for Preteens and Teens website at www.cdc.gov/vaccines/teens.

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Wisconsin Department of Health Services
Division of Public Health
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For more information visit the CDC
Web www.cdc.gov/hpv



Fact Sheet for Parents

Tdap Requirements for Middle and High School Students



The Wisconsin Student Immunization law requires that all students entering the 6th grade receive a dose of Tdap vaccine. To be compliant with the school law, parents must provide their child's school with proof of immunization or claim a waiver.

1. What is Tdap?

Tdap is a vaccine that protects against Tetanus, Diphtheria, and Pertussis (whooping cough).

2. What grades are affected and what vaccine is required?

All students entering grades 6 through 12 must have one dose of Tdap.

3. What do parents need to do?

Have your child vaccinated with Tdap vaccine if he or she has not already received the vaccine. Record the date of the immunization in the appropriate box on the enclosed Student Immunization Record, sign the form and return it to your child's school. Be sure to add the Tdap vaccination date to the permanent immunization record you keep for your child. In the future, your child may need to give these dates to other schools, colleges or employers. 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.

4. Are there exceptions to the Tdap vaccine requirements?

Yes. If your child has received a tetanus-containing vaccine (such as Td) in the five years before he/she enters the grade in which it is required, your child is compliant and is not required to receive a Tdap. Check the box marked "Td" on the Student Immunization Record, enter the date it was received and return the signed form to school.

5. Once my child meets the Tdap requirement will he or she need to get another dose in a different grade?

No. Tdap is a one-time requirement. Once a child meets the vaccine requirement for the grade to which the requirement applies, no further doses are required. In other words, a student who receives Tdap before starting 6th grade does not need any more doses. If a child received a dose of Td vaccine within 5 years of entering 6th grade, that child has met the Tdap requirement (even though s/he has not actually received Tdap vaccine) and will not be required to receive Tdap vaccine now or in a future grade.

6. If my child already had pertussis (whooping cough) disease, should he or she still get the Tdap vaccine?

A history of pertussis disease is not an exception to the Tdap requirement. Children who have had pertussis should still receive Tdap because the length of protection provided by the disease is unknown and because the diagnosis can be difficult to confirm in some instances.

7. Where can I get Tdap vaccine for my child?

Tdap is available from your child's medical provider, local health departments and some pharmacies. Please have your child immunized well in advance of school opening to avoid the late summer rush as doctor's offices and immunization clinics.

8. Why is Tdap required?

Pertussis is a serious disease. It is easily passed from person-to-person and can cause outbreaks in schools. Wisconsin has experienced two state-wide pertussis outbreaks in the past 10 years. People who are ill with pertussis must stay home from work or school for at least five days. Studies have shown that the protection gained from the DTP/DTaP vaccines received as a young child begins to decline 5 to 10 years after vaccination; the Tdap vaccine will boost that immunity and help protect your adolescent from pertussis.

9. Are there any other vaccines that are recommended for my adolescent?

Yes. There are three other vaccines that are routinely recommended for teens. The Human Papillomavirus Vaccine (HPV) vaccine protects against a virus that is a common cause of cancer. The meningococcal conjugate vaccine protects against meningococcal disease (meningitis), and an annual influenza vaccine is recommended for everyone 6 months of age and older.

10. Where can I get more information?

- Center for Disease Control (CDC): <http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>
- Wisconsin Immunization Program: <https://www.dhs.wisconsin.gov/immunization/pertussis.htm>
- Your child's medical provider or local health department



WISCONSIN DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASES
IMMUNIZATION PROGRAM
P-00039 (Rev. 07/2015)

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

PERSONAL DATA PLEASE PRINT

Step 1	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)					

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 - PhysicianDate Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED

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 StudentDate Signed