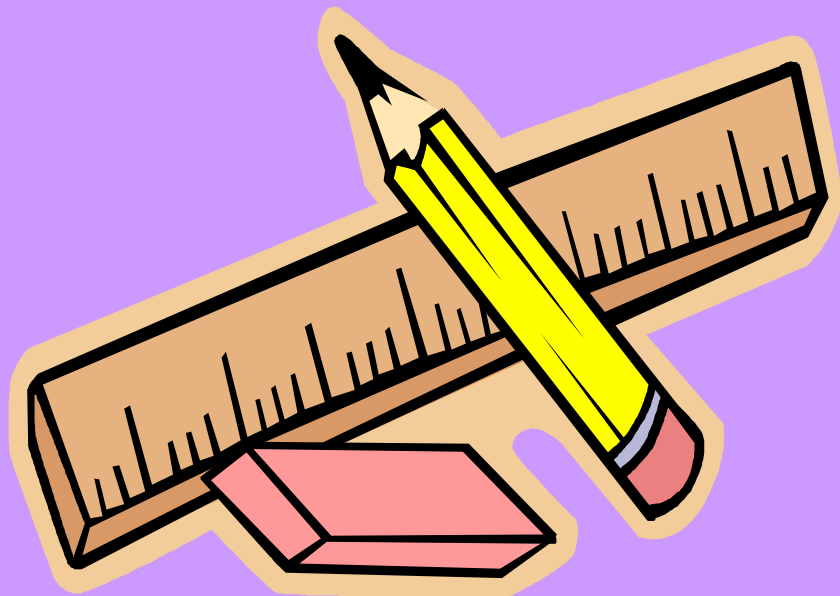


Wisconsin School Immunization Requirements 2013-2014



Department of Health Services
Division of Public Health
Bureau of Communicable Diseases and
Emergency Response
Immunization Program
P-44545 (Rev. 08/13)

The purpose of this booklet is to provide all the necessary forms and explanation about the Student Immunization Law (Chapter 252, Wis. Stats. and HFS 144 Wis. Admin. Code).

Included is the form to assess compliance (SCHOOL REPORT TO LOCAL HEALTH DEPARTMENT, F-04002), to report non-compliant students to the district attorney (SCHOOL REPORT TO THE DISTRICT ATTORNEY, F-44212), and to apply sanctions to non-compliant students (LEGAL NOTICE, F-44001 and Notice of Exclusion letter). Also included is a facsimile of the STUDENT IMMUNIZATION RECORD (F-04020L) and AGE/GRADE REQUIREMENT sheet (P-44021) which are to be provided to parents of new students and those requiring vaccines.

Department of Health Services
Division of Public Health
Bureau of Communicable Diseases
And Emergency Response
Immunization Program

Table of Contents

	<u>Page</u>
• Memo to Public and Private School Principals	1-2
• School Compliance Time Line	3
• Immunization Law Clarification	4-8
• Forms in English	
• Legal Notice	9
• Sample Notice of Exclusion Letter	10
• Student Immunization Record (facsimile)	11
• Student Immunization Law Age/Grade Requirements (SY 2013-14)	12
• Student Immunization Law Age/Grade Requirements (SY 2014-15)	13
• School Report to Local Health Departments	14-15
• School Report to District Attorney	16
• Sample Spring Round Up Letter	17
• Fact Sheet for Parents (New Tdap & Varicella requirements)	18-19
• Local Public Health Departments List	20-22
• Wisconsin Student Immunization Law Compliance Results	23
• Chapter 252 (Wis Stats)	24-25
• HFS 144 Wis. Admin. Code	26-29
• Compliance Algorithms	30-31
• Forms in Spanish	
• Legal Notice	32
• Sample Notice of Exclusion Letter	33
• Student Immunization Record (facsimile)	34
• Student Immunization Law Age/Grade Requirements (SY 2013-14)	35
• Student Immunization Law Age/Grade Requirements (SY 2014-15)	36
• Fact Sheet for Parents (New Tdap & Varicella requirements)	37-38
• Forms in Hmong	
• Legal Notice	39
• Sample Notice of Exclusion Letter	40
• Student Immunization Record (facsimile)	41
• Student Immunization Law Age/Grade Requirements (SY 2013-14)	42
• Student Immunization Law Age/Grade Requirements (SY 2014-15)	43
• Fact Sheet for Parents (New Tdap & Varicella requirements)	44-46
• How to Order Forms and Publications Electronically	47-48



Scott Walker
Governor

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

Kitty Rhoades
Secretary

State of Wisconsin

608-266-1251

FAX: 608-267-2832

TTY: 888-701-1253

dhs.wisconsin.gov

Department of Health Services

Date: August 2013
To: Public and Private School Principals
School Nurses
From: Daniel Hopfensperger, Director
Wisconsin Immunization Program
Subject: Annual Immunization Assessment

Enclosed are the materials you will need for the 2013-2014 school year immunization law assessment. Please take a few minutes to review the enclosed materials and forward them to the appropriate staff so that reporting deadlines can be met. This booklet contains all the materials you will need to complete this year's assessment. Remember that the form titled "School Report to Local Health Department", parts A and B, must be received by your local health department by the 40th school day. A list of local health departments is included. Do not mail the form to the Wisconsin Immunization Program in Madison. A blank copy of the School Report to Local Health Department and other forms found in this booklet can be downloaded from our web site at: <http://www.dhs.wisconsin.gov/immunization/regs.htm>. Please be sure to include the school ID number found on the mailing label of this booklet on your School Report to the Local Health Department.

Schools may send the Legal Notices and Notices of Exclusion the same way notices are sent for other significant actions such as expulsions or suspensions. At a minimum the notice should be in writing and a record kept of it being sent, both of which are possible with e-mail.

This school year marks the final year for the phase-in of the second dose of varicella (chickenpox) vaccine as indicated on the table below. The one dose Tdap requirement now covers all students in grades 6 through 12. Students entering these grades will need to comply with these new requirements along with the existing grade requirements.

School year	School grades	
	Varicella (second dose)	Tdap
2013-2014 and beyond	K through 12	6 through 12

Elementary school principals are reminded to provide the enclosed “Tdap Fact Sheet for Parents” to parents of children who are currently in the 5th grade. The Fact Sheet alerts parents of the new Tdap requirement for students who will be entering the 6th grade in the fall of 2014-15 school year.

The Wisconsin Immunization Registry (WIR) is available to assist you in locating immunization records of non-compliant students, including those students who received the Tdap booster and second dose of varicella vaccine. Schools have the ability to add immunizations, share data, better track children not meeting requirements and can generate reports that are required by the state. If you need additional information or help on the WIR, please contact the WIR Helpdesk at 608-266-9691.

Something that we would like to recommend again this year is the annual review of all student immunization waivers to determine the need and accuracy for school “Waiver” status in the immunization report to local health departments. Waivers should be removed when the student’s immunizations are up-to-date for grade and the student’s immunization status counted as “meets minimum” when the required vaccines have been received. This simplifies the final school report, improves accuracy of student’s status in case of a disease outbreak and improves accurate assessment of waiver rates.

Local health departments can no longer administer state supplied vaccine to children that have private insurance that includes coverage for immunizations. Schools are asked to encourage parents to check their health insurance policies to determine if it covers immunizations and those that have coverage in that respect should seek those services from their physician or clinic.

If you have any problems, questions or need assistance, please contact your local health department or nearest Regional Immunization Program Advisor listed below.

Eau Claire

Jim Zanto
james.zanto@wisconsin.gov
715-836-2499

Green Bay

Susan Nelson
susanl.nelson@wisconsin.gov
920-448-5231

Madison

Wilmot Valhmu
wilmot.valhmu@wisconsin.gov
608-266-0008

Milwaukee

Cathy Edwards
cathy.edwards@wisconsin.gov
414-227-3995

Milwaukee

Jacqueline Sills-Ware
jacqueline.sillsware@wisconsin.gov
414-227-4876

Rhineland

Jane Dunbar
jane.dunbar@wisconsin.gov
715-365-2709

Thank you for your continued cooperation.

cc: School Superintendents, DPI School Health Services, Local Health Departments, Regional Office Directors, Nursing Consultants, and Immunization Program Advisors

School Compliance Time Line
2013-2014 School Year

School day	Action	Form to use ¹
1 st	Admission to School	
15 th	Legal Notice to parents of students with NO RECORD or BEHIND SCHEDULE or IN PROCESS (as needed)	F-44001
25 th	Legal Notice (+Exclusion letter, if applicable)	F-44001
30 th	<p>First Deadline: Exclusion is mandatory for non-compliant public school students in grades K (5 year old) to 6 (through 5) if the public school district compliance level from the previous year is less than 99%. The same applies to private school students in grades K to 6 (through 5) if that school's compliance level from the previous year is less than 99%. Exclusion is optional for all others.</p> <p>Non-compliant students include:</p> <ul style="list-style-type: none"> • NO RECORD on file, • BEHIND SCHEDULE for the 1st dose of polio, MMR, DTP/DTaP/DT/Td, Hepatitis B and varicella vaccines in all grades and the booster dose of Tdap vaccine in grades 6 through 12² • BEHIND SCHEDULE for the 3rd and/or 4th doses of polio, final dose of DTP/DTaP/DT/Td (3rd, 4th or 5th) and the 3rd dose of Hep B vaccines for all students who were not complete during their previous school year. 	
40 th	School Report to Local Health Department.	F-44002
60 th	District Attorney report to local DA of students missing 1 st deadline	F-44212
80 th	Legal Notice to parents of non-compliant students for the second deadline	F-44001
90 th	<p>Second Deadline:</p> <ul style="list-style-type: none"> • BEHIND SCHEDULE for 2nd doses of polio, MMR, DTP/DTaP/DT/Td, Hep B & varicella vaccines in all grades. 	
100 th	District Attorney report to local DA of students missing 1 st and 2 nd deadline	F-44212

¹ F-44001 = Legal Notice, F-04002 = School Report to Local Health Department and F-44212 = School Report to the District Attorney

² See Tdap vaccine exceptions bullet on the "Immunization Law Clarification" page in this booklet

Immunization Law Clarification

- **4-day grace period:** The Student Immunization Law allows a 4-day grace period for certain required, age-dependent, vaccines. These vaccines include the first dose of MMR vaccine after the 1st birthday and the dose of DTaP/DT vaccine after the 4th birthday for kindergarten enterers. The 4-day grace period also applies if the 3rd dose of polio is administered after the 4th birthday (a dose 4 days or less before the 4th birthday is acceptable) no further doses are required. The 4-day grace period means a student is compliant with the immunization law if the dose of each of these vaccines was received 4 days or less before the date it was required.
- **Assessment of "off campus" students:** The immunization assessment report of students who are officially enrolled in a school but spend any or all of their time away from that school should be counted in the school where they are officially enrolled. This would include students in Group Educational Settings, Alternative school and homebound students.
- **Charter schools:** The Wisconsin Student Immunization Law applies equally to institutional and non-institutional public and private charter schools.
- **Day Care vs. School:** School assessments measure compliance with the immunization law. Children "enrolled" in early education programs within the school should be reported as part of the school report. If a "licensed" child care center is located in the school, it will be assessed separately from the school via a direct mailing from the Department of Health Services.
- **Definition of Kindergarten and Pre-Kindergarten (pre-K):** The vaccine requirements of the Wisconsin Student Immunization Law are not grade-specific for children enrolled in programs lower than 5-year old kindergarten. The law requires specific doses of vaccines for children 2 years through 4 years of age. The vaccine requirements and time line for when they are to be met should begin when the child enters school for the first time. For purposes of determining if a child meets the vaccine-specific requirements and filling out the School Report to the Local Health Department, "Kindergarten" refers to children in K5 programs. Children in K4 or lower programs such as Early Childhood and some Headstart programs should meet the age requirements rather than a grade requirement and should be marked in the "Pre-Kindergarten" section of the School Report to the Local Health Department. If a child is enrolled in a pre-K program (i.e. K4) and turns 5 years of age during the school year that child should be classified as a pre-kindertener until he or she enters kindergarten (K5) the following year. School districts that have compliance levels below 99% must exclude all non-compliant children in K5 to 6th grade. Exclusion of non-compliant children in K4 and lower programs is optional.
- **DTP/DTaP/DT vaccine after 4 years of age:** The HFS 144 requirement that at least one dose of DTP/DTaP/DT is to be received after the 4th birthday applies to kindergarten children only. The purpose of this required (and recommended) dose is to boost the level of protection primarily against pertussis (whooping cough).
- **Electronic Immunization Record:** Written evidence of immunization can be either the Student Immunization Record or an electronic immunization records. However, parents

who choose to waive an immunization are still required to sign a waiver on the Student Immunization Record or the hard copy of an electronic record.

- **Federal Education Rights Privacy Act (FERPA):** Please be aware of changes in the signature portion of the Student Immunization Record that includes wording allowing the release of immunization information when requested by the student's Immunization Health Care Provider or for entry into the Wisconsin Immunization Registry (WIR). Schools are encouraged to use this form for all new and transferring students. Schools may use this form to obtain a release from existing students or the school may choose to develop a simple signature form to obtain the release. Obtaining the parents or eligible students' signature for release of immunization information to health care providers and the WIR is done to comply with FERPA. If you have questions about the FERPA release, contact your school's legal counsel.
- **Four polio doses required:** Children entering kindergarten routinely received 4 doses of polio vaccine with the 4th dose given after the 4th birthday. The Advisory Committee on Immunization Practice (ACIP), the organization that recommends vaccines in the United States, recommended an additional 5th dose of polio vaccine for children who received their 4th dose before their 4th birthday. The Wisconsin Student Immunization law requirement of 4 doses of polio vaccine remains the same and a 5th booster is not required.
- **Glossary of names of required vaccines**

DT	Diphtheria and Tetanus vaccine (pediatric)
Td	Tetanus and diphtheria vaccine (for ages 7 years or older)
Tdap	Tetanus, diphtheria and acellular pertussis vaccine (adolescents)
DTaP	Diphtheria, Tetanus and acellular Pertussis vaccine (pediatric)
DTP	Diphtheria, Tetanus and Pertussis vaccine (no longer available)
Hep B	Hepatitis B vaccine
MMR	Measles, Mumps and Rubella vaccine
Var	Varicella (chickenpox vaccine)
- **Hepatitis B: 2 dose series:** An exception was made in HFS 144 for students who receive 2 doses of a licensed 2-dose formulation. These students are not required to receive a third dose. The 2 dose hepatitis B vaccine is licensed only for children 11-15 years of age and is given 4-6 months apart. If the first dose was received by the 30th school day, the second would be required by the 30th school day of the following school year. The vaccine manufacturer indicates that most health care providers are using the 3 dose formulation.
- **Home schooled children:** The Student Immunization Law does not cover home schooled children unless they enroll in any class or grade in a Wisconsin public or private school. If the child is enrolled for the first time, he or she should be handled like any other first time enrollee and allowed to be "in process" if all vaccines have not already been administered. If that child leaves the Wisconsin school and later re-enrolls, that child would be considered "behind schedule" if all required vaccines have not already been administered.
- **Immunization Law Definitions**
 - A. **Meets Minimum:** Means the student has a record containing the dates (month/day/year) of immunizations for every dose of vaccine required for his/her grade

level. For students in "ungraded" programs, use the requirement for the traditional age-appropriate grade.

B. In Process: Applies to a student enrolling for the first time in a Wisconsin school (e.g. pre-Kindergarten or kindergarten, out-of-state transfers and home-schooled children) and to existing students for whom a new vaccine is first required or a new dose is first required. To be considered "In Process", the student must provide the immunization dates demonstrating receipt of the first doses of required vaccines within 30 school days of admission. Prior to the 30th school day, the legal notice should be sent as needed. "In Process" also applies to the second doses within 90 school days of admission and the third (and fourth doses, if required) within 30 school days of admission the following school year. Any student who fails to meet the deadlines is then "behind schedule".

C. Behind Schedule: Applies to students who do not have a record that includes complete dates for the first, second or final deadlines. Because the Wisconsin Immunization Law applies to all public and private schools, a transfer student from any school within the state who is "Behind Schedule" enters the new school as "Behind Schedule", not "In Process".

D. No Record: Applies to students who do not have a student immunization record on file and any transfer student for whom a record has not yet been received from the previous school. It also applies to students who have submitted a record with inappropriate information such as "all vaccines received", "child up-to-date" or "record at doctor's office".

E. Waiver: Waivers are available for personal conviction, religious or medical/health reasons. Children for whom waivers are filed are compliant. However, they may be subject to exclusion from school in the event of an outbreak of diseases against which they are not completely immunized. A history of chickenpox is not a waiver. If a waiver is selected, all vaccines the child has already received should be listed on the Student Immunization Record by the parent or guardian.

- **Immunization Records Retention:** The Student Immunization Record is part of a student's progress records and as such should be maintained for 5 years after the student leaves the school.
- **Legal Notice and Notice of Exclusion forms:** Parents of children who are "behind schedule" or have "no record" on file should receive the Legal Notice by the 15th and 25th school day from the first day of admission to school. For children "in process" the legal notice should be sent as needed. The first notice should include the 30th school day deadline date inserted in the first paragraph in the space provided. The signature line should be completed with the "date sent" filled in. A blank Student Immunization Record should be attached so the parent can return the required information. The second notice, if needed, should include the same information as the first with a new "date sent" filled in on the signature line. In addition, the Notice of Exclusion should be attached if your school chooses to exclude the child or if your elementary school is required to exclude because the compliance level of your school district is less than 99%. The exclusion date would be the 31st school day from the beginning of admission to school and that date should be inserted on Notice of Exclusion.

- **New vaccines and waivers:** The use of the waiver applies to vaccine(s) required at the time a student enrolls into a Wisconsin school for the first time (e.g. kindergarten or out of state transfer). Any new vaccines or new dose of an existing vaccine required after enrollment would require a separate waiver for that vaccine.
- **Pre Kindergarten:** Children listed in the age group 2 years through 4 years on the Age/Grade Requirement sheet are considered pre kindergartners. They are not subject to mandatory exclusion under chapter 252.
- **Tdap Vaccine Exception:**
Please note that one dose of Tdap vaccine is currently recommended for adolescents and adults. The Tdap school requirement among students in grades 6 through 12 is only one dose. An exception is made for students who already received a tetanus-containing vaccine such as Td, TT (tetanus toxoid), or DTaP within 5 years (i.e., a total of 5 full years) of entering the grade where Tdap is required. These students are compliant with the Tdap requirement and no further doses are required. For example, if a child received a dose of Td vaccine because of an injury 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.
- **Vaccine Trade Names:** A health care provider may administer a required vaccine and only provide the parent with a note listing a vaccine trade name rather than spelling out the specific type of vaccine received. The following list of commonly used vaccines and their manufacturer's trade names is provided to help you "translate" should this happen.

<u>Vaccine Type</u>	<u>Trade Name</u>
DTaP	Tripedia®
DTaP	Infanrix®
DTaP	DAPTACEL®
DTaP	ACEL-IMMUNE® (no longer available)
DTaP	Certiva® (no longer available)
DTaP-Hib combination	TriHIBit® (Licensed for 4 th dose only)
DTaP-Hep B-IPV combination	Pediarix®
DTP-Hib combination	Tetramune® (no longer available)
DTaP-Hib-IPV combination	Pentacel®
DTaP-IPV combination	Kinrix®
Hepatitis B-Hib combination	Comvax®
Hepatitis B	ENGERIX B®
Hepatitis B	RECOMBIVAX®
Inactivated Polio Vaccine (IPV)	IPOL®
MMR-V (varicella) combination	ProQuad®
Td	Decavac® or MassBiologics
Tdap	BOOSTRIX®
Tdap	ADACEL™
Varicella (chickenpox)	Varivax®

- **Valid doses:** Vaccines in a series are recommended at certain time intervals. However, the Student Immunization Law does not address the issue of spacing of vaccines.

Therefore, the number of doses, including those that may be improperly spaced, can be counted toward compliance with the Student Immunization Law. Schools that have access to the Wisconsin Immunization Registry may find a vaccine marked "not valid" which is acceptable under the Student Immunization Law. "Not valid" doses are usually due to improper spacing of vaccines. The only spacing requirement in the law is the first dose of MMR vaccine after the 1st birthday and a dose of DTaP/DT vaccine after the 4th birthday for kindergarten enterers.

- **Varicella Vaccine Exemption:** All students in grades K-12 are required to have 2 doses of varicella vaccine. Students with a history of chickenpox disease are exempt from the varicella vaccine requirement. If a student received the first dose of varicella vaccine and subsequently developed chickenpox, "breakthrough disease" or shingles, the second dose of varicella vaccine is not required. The disease should be noted on the Student Immunization Record.
- **Virtual Charter Schools:** The Wisconsin Student Immunization Law applies to all students in virtual charter schools. It includes both full time students taking all classes on line at home and well as part time students taking selected on line classes and also attending traditional classes in a school in the jurisdiction where they reside. The virtual school is responsible for obtaining the Student Immunization Record (or electronic record), informing the parents if the student is behind schedule and reporting the names of non-compliant students (those with no record or behind schedule) to the district attorney's office in the county in which the student resides. The names and addresses of county district attorney's offices can be obtained by doing a Google search of "(name of county) county district attorney". Since part time students attend both virtual charter schools and traditional schools, they will be counted by each school. The School Report to Local Health Department must be mailed to the health department jurisdiction in which the virtual charter school is located. Both the School Report to Local Health Department and a list of health departments are included in this booklet.
- **Wisconsin Immunization Registry (WIR) records--Heath care provider vs. school:** The Student Immunization Law requires students to have a minimum number of doses of vaccine, some of which are less than those currently recommended by the Advisory Committee on Immunization Practices (ACIP). The ACIP makes recommendations for vaccine use in the United States. The school WIR record may demonstrate that a student is compliant with the law. However, that same student may need further immunizations based on the WIR record of the student's health care provider which follow the ACIP recommendations. If a parent inquires about further recommended immunizations for their children they should be referred to their health care provider.

LEGAL NOTICE
Required Immunizations (shots) for Admission to Wisconsin Schools

To the Parent, Guardian or Legal Custodian of _____ Grade _____

The Student Immunization Law requires that all students through grade 12 meet a minimum number of required immunizations prior to school entrance. These requirements can be waived only for health, religious or personal conviction reasons. According to our records, your child is not compliant because either an immunization record is not available at school or an immunization(s) is needed (see reason for noncompliance marked below). To remain compliant with the law, please provide the month, day and year that your child received the required immunization(s) on the attached Student Immunization Record or select one of the waiver options prior to _____ and return the form to your child's school. Failure to do so may result in a fine of up to \$25 per day or possible exclusion from school. If you have any questions about this notice, please contact your child's school.

In past years, thousands of Wisconsin children caught diseases such as measles, pertussis (whooping cough) and rubella, and many were left with severe disabilities. The Student Immunization Law was passed in order to keep these and other vaccine-preventable diseases from returning and harming the health of our children.

Reason for noncompliance:

No Record

Your child needs the following checked vaccines:

<u>DTaP/DT/Td</u>	<u>Polio</u>	<u>MMR</u>	<u>Hepatitis B</u>	<u>Varicella¹</u>	<u>Tdap²</u>
<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose
<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	
<input type="checkbox"/> 3 rd Dose	<input type="checkbox"/> 3 rd Dose		<input type="checkbox"/> 3 rd Dose		
<input type="checkbox"/> 4 th Dose	<input type="checkbox"/> 4 th Dose				
<input type="checkbox"/> 5 th Dose					

¹ If your child already had chickenpox disease, varicella vaccine is not required. Check "yes" to the chickenpox disease question on the attached Student Immunization Record and enter the date of disease if known.

² If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap is not required.

Your immediate cooperation is appreciated.

School	Phone
School Official (Title)	Date sent

enc: Student Immunization Record

Notice of Exclusion

Dear Parent:

The attached Legal Notice indicates that your child is currently not in compliance with the Student Immunization Law and therefore will be excluded from this school on _____(date). For your child to re-enter school, you must do one of the following:

(1) Provide this school with the date (month, day and year) of the required immunization(s) either from your records or from a current immunization your child received from your doctor or health department. For varicella (chickenpox), an indication of disease is also acceptable.

(2) Claim a waiver

Use the attached Student Immunization Record to provide the date of immunization(s), claim a waiver or indicate varicella disease.

The Immunization Law in Wisconsin was passed to protect all children from vaccine-preventable diseases. The Law requires public elementary schools in school districts below a 99% compliance level to exclude non-compliant students in grades kindergarten to six (through five). The law also applies to private elementary schools below a 99% compliance level. A non-compliant student is one who is "behind schedule" for a required immunization(s) or has no immunization record on file at school.

Thank you for your cooperation.

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)					

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	<p>COMPLIANCE DATA</p> <p>STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. _____ Or _____</p> <p>STUDENT DOES NOT MEET ALL REQUIREMENTS</p> <p>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.</p> <p><input type="checkbox"/> 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.</p> <p>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.</p> <p>WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)</p> <p><input type="checkbox"/> For health reasons this student should not receive the following immunizations _____</p> <p style="margin-left: 40px;">_____ SIGNATURE - Physician _____ Date Signed</p> <p><input type="checkbox"/> For religious reasons this student should not be immunized.</p> <p><input type="checkbox"/> For personal conviction reasons this student should not be immunized.</p> <p>_____</p> <p>LIST VACCINE(S) WAIVED</p>
---------------	---

Step 5	<p>SIGNATURE</p> <p>This form is complete and accurate to the best of my knowledge. Check one: (I do <input type="checkbox"/> I do not <input type="checkbox"/>) 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.</p> <p>_____ SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student _____ Date Signed</p>
---------------	--

**STUDENT IMMUNIZATION LAW
 AGE/GRADE REQUIREMENTS
 2013-2014 SCHOOL YEAR**

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT ²	3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶	
Grades K through 5	4 DTP/DTaP/DT/Td ^{1,2}	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶	
Grades 6 through 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. DTP/DTaP/DT vaccine for children entering **Kindergarten**: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for all students **Pre K through 12**: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades **Kindergarten through 12**: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS 2014 SCHOOL YEAR and Beyond

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT ²	3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶	
Grades K through 5	4 DTP/DTaP/DT/Td ^{1,2}	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶	
Grades 6 through 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. DTP/DTaP/DT vaccine for children entering **Kindergarten**: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for all students Pre K through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

SCHOOL REPORT TO LOCAL HEALTH DEPARTMENT

Wisconsin State Statute 252.04 requires that all students through grade 12 who do not submit waivers must present evidence of having received at least the first dose of each vaccine required for their grade within 30 school days of admission and the second dose of DTP/DTaP/DT/Td, Polio, MMR, Hepatitis B and varicella vaccines within 90 school days of admission. Evidence of the third and fourth doses (if required for their grade) of DTP/DTaP/DT/Td, Polio and the third dose of Hepatitis B vaccines must be submitted within 30 school days of the beginning of the next school year. Schools must report to the local health department the compliance by students each year by the 40th school day.

 Telephone I.D. Number from Address Label School District School Year

 Principal Person Completing Form

 Name of School (as listed on label)

 Address

 City/Town Zip County

COMPLETE BOTH PARTS A AND PART B (Part B is on reverse)

PART A

INSTRUCTIONS: Indicate how many students fall into each category (1 through 7) in the grade groupings below. The sum of these categories (row 8) must equal the enrollment for the grade(s) in that column. List students in rows 2 through 7 in Part B. Mail to your local city or county health department, not the Wisconsin Department of Health Services. Do not delay completion of this report, submit promptly.

	List Number of Students	Pre-Kindergarten	Kindergarten	Grades 1-12	TOTAL
(1)	Who meet all minimum requirements				
(2)	<i>In Process</i> (first dose within 30 school days and second dose within 90 school days)				
(3)*	<i>Behind Schedule</i> (missed deadline for first, second, or final doses of vaccine)				
(4)*	With <i>no record</i> on file				
(5)	With health <i>waiver</i>				
(6)	With religious <i>waiver</i>				
(7)	With personal conviction <i>waiver</i>				
(8)**	TOTAL (must = enrollment for grades included in the column)				

*Names of these students are to be reported to the district attorney and/or may be excluded.

**Total Row 8 = Total of Last Column = Enrollment of School

Instructions: List all students from Part A, rows 2 through 7 in ascending grade order, include date of birth, grade level, and vaccine(s) received to date. Enter "0" if no vaccine was received. Use extra sheets if necessary.

- For student(s) **BEHIND SCHEDULE** or **NO RECORD** (Part A, rows 3 & 4) enter date student(s) will be reported to the District Attorney.
- For student(s) **IN PROCESS** or **WAIVERS** (Part A, rows 2,5,6 & 7) check appropriate box, 'In Process', H=Health Reasons, R=Religious Reasons, and PC=Personal Conviction. Under Varicella indicate total doses received or "D" for disease. Note: If a separate list is maintained of students who are **IN PROCESS** of receiving only Varicella vaccine and/or **BEHIND SCHEDULE** in receiving only Tdap vaccine, it is not necessary to list these students on Part B.
- For MMR, if first dose was received before the student's first birthday, do not count the dose. Do not include a history of disease, only the vaccine.

Name	Date of Birth	Date of Admission To WI School	Grade	Non-Compliant / Report to District Attorney		Mark (X)				DTP / DTaP / DT / Td		Polio		Hep B	MMR	Varicella	Tdap	
				Behind Schedule	No Record	In Process	H	R	P	C	Total Doses	Last Dose Date	Total Doses	Last Dose Date	Total Doses	Total Doses	Total Doses or D=Disease	Dose Date

SCHOOL REPORT TO THE DISTRICT ATTORNEY

School: *Send report to the district attorney in the county where the student resides, not to the Department of Health Services.*

District Attorney: The following students are not in compliance with the Student Immunization Law 252.04. As required under this Law, we are notifying your office so legal action may be taken.

Per WI Statutes Chapter 252.04 (6), the school, child care center, or nursery school shall notify the district attorney of the county in which the student resides of any minor student who fails to present written evidence of completed immunizations or a written waiver under sub. (3) within 60 school days after being admitted to the school, child care center, or nursery school. The district attorney shall petition the court exercising jurisdiction under chs. 48 and 938 for an order directing that the student be in compliance with the requirements of this section. If the court grants the petition, the court may specify the date by which a written waiver shall be submitted under sub. (3) or may specify the terms of the immunization schedule. The court may require an adult student or the parent, guardian, or legal custodian of the minor student who refuses to submit a written waiver by the specified date or meet the terms of the immunization schedule to forfeit not more than \$25 per day of violation.

Date Telephone School District

Name of School _____

Principal Person Completing Form _____

Address _____

City/Town Zip _____

Name of Student	Grade	Date of Birth	Name of Parent(s)	Address	Telephone	Date Parent(s) Notified About Law	Reason for Noncompliance		Vaccine(s) Needed
							No Record	Behind Schedule	

Sample

Spring Kindergarten "Round-up" Letter

Dear Parent:

Please be aware that one dose of DTaP vaccine is required after the 4th birthday. For children who are "up to date" with their preschool DTaP series this will be final (5th) dose that is recommended to ensure prolonged protection, primarily against pertussis also known as whooping cough. For children who are not "up to date" this dose may be the 3rd or 4th in the series and no further doses are required. Because of a 4-day grace period, DTaP vaccine received 4 days or less before the 4th birthday is also acceptable.

The date (month, day, and year) of each immunization must be entered on the Student Immunization Record that is available from your child's school and should be submitted to the school your child will attend.

Waivers are available for religious, health, and personal conviction reasons. However, in the event of an outbreak of a vaccine preventable disease, students with waivers may be excluded from school until the outbreak subsides.

You are encouraged to have your child immunized well in advance of school opening to avoid the late summer rush at immunization clinics. For immunizations, contact your doctor, clinic, HMO or nearest public health department

Local health departments can no longer administer state supplied vaccine to children that have private insurance which include coverage for immunizations. You are encouraged to check your health insurance policy to determine if it covers immunizations and if so, you should seek those services from your physician or clinic.

You may view your child's immunization record from your computer on the Wisconsin Immunization Registry (WIR). The WIR is a secure computerized data system that tracks immunizations given to people. The internet address is <http://dhfsWIR.org>. To obtain the dates of your child's immunizations, type in your child's name, social security or Medicaid number. In order to access your child's record their social security number must be in the system. If it is not, contact your medical provider and ask that the number be put into the WIR so that you can access your child's immunization record. Address information about your child is not provided.

If you would like further information on immunization, please see the following websites: <http://www.cdc.gov/vaccines/>, <http://www.immunize.org/> and <http://dhs.wisconsin.gov/immunization/index.htm>

Thank you

New Vaccine Requirements for Students in Middle School

Tdap Fact Sheet for Parents



Parents of Middle School Students:

Changes in the Wisconsin Student Immunization law now require a dose of Tdap vaccine in students entering the 6th grade. Parents are required to have their children vaccinated or claim a waiver. Use the attached Student Immunization Record to record the date(s) of immunization(s) or claim a waiver.

1. What grades are affected and what vaccines are required?

The following is required:

<u>Students entering</u> Grades 6 through 12	<u>Vaccine</u> Tdap (1 dose)
---	---------------------------------

Tdap is the adolescent combination vaccine that protects against tetanus, diphtheria, and pertussis (whooping cough). Only one dose is required.

2. What do parents need to do?

Have your child vaccinated with Tdap vaccine if he or she has not already received the vaccine(s). Record the date(s) of the immunization(s) in the bold outlined box(s) on the enclosed Student Immunization Record, sign it and return it to your child's school. Be sure to add the Tdap date to the permanent immunization record you keep for your child at home. 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.

3. Are there exceptions to the Tdap vaccine requirements?

Yes. If your child had received a tetanus-containing vaccine (such as Td vaccine after an injury) within the last 5 years of entering the grade it is required, your child is compliant and Tdap vaccine is not required. Check the box marked "Td" on the Student Immunization Record, enter the date it was received and return the signed form to school.

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

No. When a child meets the vaccine requirements for the grade to which the requirements apply (i.e., receives the vaccine or does not receive the vaccine because of an exception (see #3 above), no further doses are required. For example, if a child received a dose of Td vaccine because of an injury 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.

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

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

6. Where can I get Tdap and/or varicella vaccine for my child?

These vaccines are available from your child's doctor or local health department. Please have your child immunized well in advance of school opening to avoid the late summer rush at doctor's offices and immunization clinics.

7. Why are these requirements being made?

From 1986 through 2004, Wisconsin had the 5th highest rate of pertussis in the nation with almost 5,000 cases being reported in 2004 alone. During 2012 Wisconsin experienced another outbreak of pertussis; more than 4,000 cases were reported to the Wisconsin Division of Public Health. Pertussis outbreaks occur because protection declines 5-10 years after completion of childhood DTP/DTaP vaccinations. Tdap is a new vaccine that is recommended for adolescents and is anticipated to help prevent pertussis from occurring, including pertussis outbreaks in schools. Pertussis is a serious disease, particularly in young infants, and it can place a significant burden on families, as a person with pertussis must stay home from work and school for a minimum of 5 days of antibiotic treatment.

DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASES AND EMERGENCY RESPONSE
IMMUNIZATION PROGRAM
P-00039 (Rev. 07/13)

DEPARTMENT NAME	ADDRESS	P O BOX	CITY	ZIP CODE
Adams County Public Health Department	108 E. North St.		Friendship	53934
Appleton City Health Department	100 North Appleton Street		Appleton	54911-4799
Ashland County Hlth & Human Services	630 Sanborn Avenue		Ashland	54806
Barron County Health Department	335 E. Monroe Ave		Barron	54812
Bayfield County Health Department	117 E. Fifth St.	P O Box 403	Washburn	54891
Brown County Health Department	610 S. Broadway St.	P O Box 23600	Green Bay	54305-3600
Buffalo County Hlth & Human Serv Dept.	407 S. Second St.	P O Box 517	Alma	54610-0517
Burnett County Health Department	7410 County Road K, #280		Siren	54872-9043
Caledonia/Mt. Pleasant Health Department	10005 Northwestern Ave., Suite A		Franksville	53126
Calumet County Health Department	206 Court Street		Chilton	53014-1198
Chippewa County Dept of Public Health	711 North Bridge St., Rm 121		Chippewa Falls	54729
Clark County Health Department	517 Court St., Rm 105		Neillsville	54456
Columbia County Health Department	2652 Murphy Rd.	P O Box 136	Portage	53901
Crawford County Health Department	225 N. Beaumont Rd., Suite 306		Prairie du Chien	53821
Cudahy Health Department	5050 South Lake Drive	P O Box 100380	Cudahy	53110-6106
Dane County-Madison Public Health Dept	2705 East Washington Ave		Madison	53704-5002
DePere Department of Public Health	335 S. Broadway		DePere	54115-2593
Dodge County Health Department	143 East Center Street		Juneau	53039-1373
Door County Health Department	421 Nebraska Street		Sturgeon Bay	54235-0670
Douglas County Health Department	1316 N. 14 th St., Suite 324		Superior	54880
Dunn County Health Department	800 Wilson Avenue		Menomonie	54751
Eau Claire City/County Health Department	720 Second Avenue		Eau Claire	54703
Florence County Health Department	501 Lake Avenue	P O Box 17	Florence	54121
Fond du Lac County Health Department	160 South Macy Street, 3 rd Floor		Fond du Lac	54935-4241
Forest County Health Department	200 E. Madison Street		Crandon	54520
Franklin Health Department	9229 West Loomis Road		Franklin	53132
Grant County Health Department	111 S. Jefferson		Lancaster	53813
Green County Health Department	N3150 Highway 81		Monroe	53566
Green Lake County Dept of Hlth & Human Srvc	500 Lake Steel Street	P O Box 588	Green Lake	54941-9719
Greendale Health Department	5650 Parking Street		Greendale	53129
Greenfield Health Department	7325 West Forest Home Avenue		Greenfield	53220
Hales Corners Health Department	5635 South New Berlin Road		Hales Corners	53130
Iowa County Health Department	303 W. Chapel St., Suite 2200		Dodgeville	53533
Iron County Health Department	502 Copper Street		Hurley	54534
Jackson County Hlth & Human Services	420 Hwy 54 West	P O Box 457	Black River Falls	54615
Jefferson County Health Department	1541 Annex Road		Jefferson	53549
Juneau County Health Department	220 East State St., Rm 104		Mauston	53948
Kenosha County Division of Health	8600 Sheridan Rd., Suite 600		Kenosha	53143
Kewaunee County Health Department	810 Lincoln Street		Kewaunee	54216

DEPARTMENT NAME	ADDRESS	P O BOX	CITY	ZIP CODE
LaCrosse County Health Department	300 North Fourth Street		LaCrosse	54601-3299
Lafayette County Health Department	729 Clay Street	P O Box 118	Darlington	53530
Langlade County Health Department	1225 Langlade Road		Antigo	54409
Lincoln County Health Department	607 North Sales Street		Merrill	54452-1637
Madison-Dane County Public Health Dept.	2705 East Washington Ave		Madison	53704-5002
Manitowoc County Health Department	823 Washington Street		Manitowoc	54220-4577
Marathon County Health Department	1000 Lake View Drive, Rm 100		Wausau	54403-6785
Marinette County Health Department	2500 Hall Avenue, Suite C		Marinette	54143-1604
Marquette County Health Department	428 Underwood Avenue	P O Box 181	Montello	53949-0181
Menasha City Health Department	226 Main Street		Menasha	54952-3190
Menominee County Human Services	See Shawano County			
Milwaukee City Health Department	841 North Broadway, 3 rd Floor		Milwaukee	53202
Monroe County Health Department	14301 County Hwy B., Suite 18		Sparta	54656
Neenah Dept. of Public Health	See Winnebago County			
North Shore Health Department	4800 West Green Brook Drive		Brown Deer	53223-2496
Oak Creek Health Department	8640 South Howell Avenue		Oak Creek	53154-2948
Oconto County Health Department	501 Park Avenue		Oconto	54153-1612
Oneida County Health Department	Oneida County Courthouse	P O Box 400	Rhineland	54501
Oshkosh Health Department	See Winnebago County			
Outagamie County Public Health Division	401 South Elm Street		Appleton	54911-5985
Ozaukee County Public Health Department	121 West Main Street	P O Box 994	Port Washington	53074-0994
Pepin County Health Department	740 Seventh Avenue West	P O Box 39	Durand	54736
Pierce County Health Department	412 West Kinne	P O Box 238	Ellsworth	54011
Polk County Health Department	100 Polk County Plaza, Suite 180		Balsam Lake	54810
Portage County Health & Human Services	817 Whiting Avenue		Stevens Point	54481
Price County Health Department	104 S. Eyder, Ground Floor		Phillips	54555
Racine City Health Department	730 Washington Avenue		Racine	53403
Richland County Health Department	221 West Seminary Street		Richland Center	53581
Rock County Public Health Department	3328 North US Highway 51	P O Box 1088	Janesville	53547-1088
Rock County Health Department South	61 Eclipse Center		Beloit	53511
Rusk County Health Department	311 Miner Avenue East, Suite C220		Ladysmith	54848
St. Croix County Dept of Hlth & Human Services	1445 North Fourth Street		New Richmond	54017-6004
St. Francis Health Department	4235 South Nicholson Avenue		St. Francis	53235
Sauk County Public Health Department	West Square Bldg., 505 Broadway		Baraboo	53913-2401
Sawyer County Dept. of Hlth & Human Services	10610 Main Street	P O Box 730	Hayward	54843-0730
Shawano-Menominee Counties Hlth Dept	311 North Main Street, Courthouse Rm 7		Shawano	54166-2198
Sheboygan County Human Services	1011 North Eighth Street		Sheboygan	53081-4043
Shorewood Health Department	3930 North Murray Avenue		Shorewood	53211
South Milwaukee Health Department	2424 15 th Avenue		South Milwaukee	53172

DEPARTMENT NAME	ADDRESS	P O BOX	CITY	ZIP CODE
Taylor County Health Department	Courthouse G-50, 224 S. Second St		Medford	54451-1899
Trempealeau County Health Department	36245 Main Street	P O Box 67	Whitehall	54773
Vernon County Health Department	318 Fairlane Dr.	P O Box 209	Viroqua	54665-0209
Vilas County Health Department	330 Court Street-Courthouse		Eagle River	54521
Walworth County Health Department	W4051 Hwy NN	P O Box 1005	Elkhorn	53121
Washburn County Health Department	222 Oak Street		Spooner	54801
Washington County Health Department	333 East Washington St., Suite 1100		West Bend	53095
City of Watertown Dept. of Public Health	515 South First Street		Watertown	53094
Waukesha County Health Department	615 West Moreland Blvd		Waukesha	53188
Waupaca County Human Services Division	811 Harding Street		Waupaca	54981-2080
Waushara County Health Department	230 West Park Avenue	P O Box 837	Wautoma	54982-0837
Wauwatosa Health Department	7725 West North Avenue	P O Box 13068	Wauwatosa	53213-0068
West Allis Health Department	7120 West National Avenue		West Allis	53214
Western Racine County Health Department	156 East State Street		Burlington	53105
Winnebago County Health Department	112 Otter Avenue	P O Box 2808	Winnebago	54903-2808
Wood County Health Department	Riverview Clinic Bldg, 4 th Fl. 420 Dewey St.	P O Box 8080	Wisconsin Rapids	54495-8080

Wisconsin Student Immunization Law Compliance Results¹
Public and Private Schools
Kindergarten (and Pre-K) through 12th Grade
By School Year

	09-10			10-11			11-12			12-13		
	Wis plus MPS	MPS ²	Wis minus MPS	Wis plus MPS	MPS	Wis minus MPS	Wis plus MPS	MPS	Wis minus MPS	Wis plus MPS	MPS	Wis minus MPS
Meet Minimum	90.7%	75.1%	92.1%	90.8%	76.0%	92.2%	91.9%	80.1%	93.0%	92.6%	83.1%	93.5%
In Process³	1.4%	6.1%	1.0%	1.3%	6.5%	0.8%	1.1%	5.7%	0.7%	0.8%	2.5%	0.6%
Medical Waiver	0.4%	0.7%	0.3%	0.5%	0.6%	0.4%	0.4%	0.6%	0.4%	0.3%	0.5%	0.3%
Religious Waiver	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Personal Conviction Waiver	3.6%	1.8%	3.7%	3.8%	1.7%	4.0%	3.8%	1.5%	4.1%	4.0%	1.4%	4.2%
Behind Schedule⁴	3.4%	14.1%	2.4%	3.1%	13.0%	2.2%	2.2%	10.1%	1.5%	1.8%	10.1%	1.0%
No Record	0.4%	2.0%	0.2%	0.4%	2.0%	0.2%	0.3%	1.9%	0.2%	0.3%	2.1%	0.2%

¹ Compliant students include the rows labeled "Meet Minimum", "In Process", "Medical Waiver", "Religious Waiver" and "Personal Conviction Waiver". Non-compliant students include the rows labeled "Behind Schedule" and "No Record".

² MPS = Milwaukee Public Schools

³ "In Process" means the student received the first dose of required vaccines within 30 school days, the second dose within 90 school days, and the third dose (and fourth dose if required) within 30 school days of the following school year.

⁴ "Behind Schedule" means the student missed the deadline for the first, second, or final dose of vaccine.

WISCONSIN STATUTES
CHAPTER 252
COMMUNICABLE DISEASES

252.04 Immunization program. (1) The department shall carry out a statewide immunization program to eliminate mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis and other diseases that the department specifies by rule, and to protect against tetanus. Any person who immunizes an individual under this section shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the individual. These records shall be available to the individual or, if the individual is a minor, to his or her parent, guardian or legal custodian upon request.

(2) Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

(3) The immunization requirement is waived if the student, if an adult, or the student's parent, guardian, or legal custodian submits a written statement to the school, child care center, or nursery school objecting to the immunization for reasons of health, religion, or personal conviction. At the time any school, child care center, or nursery school notifies a student, parent, guardian, or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under this subsection.

(4) The student, if an adult, or the student's parent, guardian, or legal custodian shall keep the school, child care center, or nursery school informed of the student's compliance with the immunization schedule.

(5) (a) By the 15th and the 25th school day after the date on which the student is admitted to a school, child care center, or nursery school, the school, child care center, or nursery school shall notify in writing any adult student or the parent, guardian, or legal custodian of any minor student who has not met the immunization or waiver requirements of this section. The notices shall cite the terms of those requirements and shall state that court action and forfeiture penalty could result due to noncompliance. The notices shall also explain the reasons for the immunization requirements and include information on how and where to obtain the required immunizations.

(b) 1. A school, child care center, or nursery school may exclude from the school, child care center, or nursery school any student who fails to satisfy the requirements of sub. (2).

2. Beginning on July 1, 1993, if the department determines that fewer than 98% of the students in a child care center, nursery school, or school district who are subject to the requirements of sub. (2) have complied with sub. (2), the child care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. (2) and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2).

3. Beginning on July 1, 1995, if the department determines that fewer than 99% of the students in a child care center, nursery school, or school district who are subject to the requirements of sub. (2) have complied with sub. (2), the child care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. (2) and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2).

4. No student may be excluded from public school under this paragraph for more than 10 consecutive school days unless, prior to the 11th consecutive school day of exclusion, the school board provides the student and the student's parent, guardian or legal custodian with an additional notice, a hearing and the opportunity to appeal the exclusion, as provided under s. 120.13 (1) (c) 3.

(6) The school, child care center, or nursery school shall notify the district attorney of the county in which the student resides of any minor student who fails to present written evidence of completed immunizations or a written waiver under sub. (3) within 60 school days after being admitted to the school, child care center, or nursery school. The district attorney shall petition the court exercising jurisdiction under chs. 48 and 938 for an order directing that the student be in compliance with the requirements of this section. If the court grants the petition, the court may specify the date by which a written waiver shall be submitted under sub. (3) or may specify the terms of the immunization schedule. The court may require an adult student or the parent, guardian, or legal custodian of a minor student who refuses to submit a written waiver by the specified date or meet the terms of the immunization schedule to forfeit not more than \$25 per day of violation.

(7) If an emergency arises, consisting of a substantial outbreak as determined by the department by rule of one of the diseases specified in sub. (2) at a school or in the municipality in which the school is located, the department may order the school to exclude students who are not immunized until the outbreak subsides.

(8) The department shall provide the vaccines without charge, if federal or state funds are available for the vaccines, upon request of a school district or a local health department. The department shall provide the necessary professional consultant services to carry out an immunization program, under the requirements of sub. (9), in the jurisdiction of the requesting local health department. Persons immunized may not be charged for vaccines furnished by the department.

(9) (a) An immunization program under sub. (8) shall be supervised by a physician, selected by the school district or local health department, who shall issue written orders for the administration of immunizations that are in accordance with written protocols issued by the department.

(b) If the physician under par. (a) is not an employee of the county, city, village or school district, receives no compensation for his or her services under par. (a) and acts under par. (a) in accordance with written protocols issued by the department, he or she is a state agent of the department for the purposes of ss. 165.25 (6), 893.82 (3) and 895.46.

(c) The department may disapprove the selection made under par. (a) or may require the removal of a physician selected.

(10) The department shall, by rule, prescribe the mechanisms for implementing and monitoring compliance with this section. The department shall prescribe, by rule, the form that any person immunizing a student shall provide to the student under sub. (1).

(11) Annually, by July 1, the department shall submit a report to the legislature under s.13.172(3) on the success of the statewide immunization program under this section.

History: 1993 a. 27 ss. 181, 470; 1995 a. 32, 77, 222; 2009 a. 185.

Published: July 30, 1975

Amended: May 20, 1980, April 26, 1982, May 16, 1988, May 3, 1990, May 1, 1992, April 16, 1996, June 1997, May 2001, August 2003, February 2008

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

Chapter DHS 144

IMMUNIZATION OF STUDENTS

DHS 144.01	Introduction.
DHS 144.02	Definitions.
DHS 144.03	Minimum immunization requirements.
DHS 144.04	Waiver for health reasons.
DHS 144.05	Waiver for reason of religious or personal conviction.

DHS 144.06	Responsibilities of parents and adult students.
DHS 144.07	Responsibilities of schools and day care centers.
DHS 144.08	Responsibilities of local health departments.
DHS 144.09	Responsibilities of the department.

Note: Chapter H 44 as it existed on June 30, 1981, was repealed and a new chapter HSS 144 was created, effective July 1, 1981. Chapter HSS 144 was renumbered chapter HFS 144 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 1., 6. and 7., Stats., Register, June, 1997, No. 498. **Chapter HFS 144 was renumbered chapter DHS 144 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 144.01 Introduction. (1) PURPOSE AND AUTHORITY. The purpose of immunization is to prevent disease and suffering and any permanent disability resulting from the disease. These rules implement s. 252.04, Stats., which as public policy seeks to identify and immunize those students who are still susceptible to measles, mumps, rubella, polio, hepatitis B, varicella, diphtheria, tetanus and pertussis upon admission to an elementary, middle, junior or senior high school or a day care center, or Haemophilus influenzae b and pneumococcal infection upon admission to a day care center, in order to prevent transmission of these diseases.

(2) RELATIONSHIP TO INFANT AND PRESCHOOL IMMUNIZATION SCHEDULES. The emphasis placed in this chapter on meeting minimum immunization requirements upon entry to Wisconsin schools at any grade level or to a day care center complements efforts by the department to promote early immunization of infants and preschoolers according to accepted immunization schedules. Children immunized according to accepted immunization schedules will exceed the minimum requirements set forth herein for all ages and grades.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (1), Register, June, 1988, No. 390, eff. 7-1-88; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. (1), Register, June, 1997, No. 498, eff. 7-1-97; am. (1), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (1) Register February 2008 No. 626, eff. 3-1-08.

DHS 144.02 Definitions. (1) “Day care center” has the meaning prescribed in s. 48.65, Stats., and includes nursery schools that fit that definition.

(2) “Department” means the Wisconsin department of health services unless otherwise specified.

(3) “DTP/DTaP/DT/Td/Tdap” means any combination of diphtheria, tetanus, and pertussis vaccine; diphtheria, tetanus and acellular pertussis vaccine; pediatric type diphtheria and tetanus vaccine; adult type tetanus and diphtheria vaccine; or tetanus, reduced diphtheria and acellular pertussis vaccine.

(3g) “Hib” means Haemophilus influenzae type b vaccine.

(3m) “Hep B” means hepatitis B vaccine.

(3r) “Immunization” means the process of inducing immunity artificially by administering an immunobiologic.

(4) “Local health department” means any agency specified in s. 250.01 (4), Stats.

(4m) “MMR” means measles, mumps and rubella vaccine administered in combination or as separate vaccines.

(5) “Municipality” means any town, village, city or county.

(6) “Parent” means the parent, parents, guardian or legal custodian of any minor student.

(6m) “PCV” means pneumococcal conjugate vaccine.

(7) “Physician” means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board under s. 448.05

(2), Stats., and holding a license granted by the medical examining board under s. 448.06, Stats.

(8) “School” means any public or private elementary, middle, junior or senior high school, which provides educational instruction to students in any grade kindergarten through 12, or in an ungraded educational setting, or to preschool children enrolled in early childhood programs.

(9) “School day” in reference to schools has the meaning prescribed in s. 115.01 (10), Stats. A school day for a day care center is any day that the center is open and caring for children.

(10) “Student” means any individual enrolled in a school or day care center or attending a school or day care center.

(11) “Subsided” in reference to substantial outbreak means passage of 2 incubation periods for the disease causing the outbreak without additional cases unless a shorter period of time is judged adequate by the department.

(12) “Substantial outbreak” means an occurrence of a vaccine-preventable disease covered by s. 252.04, Stats., in a given school, day care center or municipality with an incidence exceeding one of the following:

(a) For substantial outbreaks in a municipality, twice the incidence of that disease in the nation as a whole.

(b) For substantial outbreaks in a school or day care center population, the following absolute limits:

1. Measles, one case.
2. Mumps, 2% of the unvaccinated population.
3. Rubella, one case.
4. Polio, one case.
5. Pertussis, 2 cases in a 30-day period.
6. Diphtheria, one case.
7. Haemophilus influenzae b, one case in a day care center population.

(13) “Vaccine provider” means a health care facility, as defined in s. 155.01 (6), Stats., which administers vaccines, or a local health department or a physician’s office which administers vaccines.

(13m) “Var” means varicella vaccine. Varicella is commonly known as chickenpox.

(14) “Written evidence of immunization” means a paper or an electronic record of at least the month and year that each required dose of vaccine was administered or the results of a laboratory test indicating immunity to the disease. Students who have not previously attended a Wisconsin school must provide the month, day and year for each required dose of vaccine.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; r. and recr. (12) (b), Register, June, 1988, No. 390, eff. 7-1-88; correction in (12) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. (3), cr. (3g), (3m), (3r), (4m) and (13), r. and recr. (4), (6), (7) and (12), renum. (13) to be (14), Register, June, 1997, No. 498, eff. 7-1-97; cr. (13m), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (3) and (14), cr. (6m) Register February 2008 No. 626, eff. 3-1-08; **correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register January 2009 No. 637.**

DHS 144.03 Minimum immunization requirements.

(1) INDIVIDUALS INCLUDED. The minimum immunization requirements authorized by s. 252.04, Stats., apply to any student

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

admitted to a Wisconsin elementary, middle, junior or senior high school or to a Wisconsin day care center.

(2) REQUIREMENTS FOR THE 2008–09 SCHOOL YEAR AND FOR SCHOOL YEARS FOLLOWING THE 2008–09 SCHOOL YEAR. (a) Table DHS 144.03–A as qualified by pars. (b) to (g) lists the number of doses of each required vaccine that each student in the 2008–09 school year and following school years shall have received since birth for the age or grade of the student. These comprise the mini-

mum basic and booster immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations for those individuals who begin immunizations in infancy and follow currently accepted immunization schedules.

(b) Immunization against measles, mumps and rubella shall have been received on or after the date of the first birthday. A dose received 4 days or less before the first birthday is acceptable.

**Table 144.03–A
Required Immunizations for the 2008–09 School Year and
the Following School Years**

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 ⁵
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	1 MMR	2 Hep B	3 Hib ⁴	3 PCV ⁵
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	1 MMR	1 Var	3 Hep B	3 PCV ⁵ Hib ⁴
Kindergarten through grade 5	4 DTP/DTaP/DT/Td ¹	4 Polio	2 MMR	2 Var ³	3 Hep B	
Grade 6 through grade 8	4 DTP/DTaP/DT/Td	1 Tdap ²	4 Polio	2 MMR	2 Var ³	3 Hep B
Grade 9 through grade 12	4 DTP/DTaP/DT/Td	1 Tdap ²	4 Polio	2 MMR	2 Var ³	3 Hep B

¹ For kindergarten only, at least one dose to be received after 4 years of age unless medically contraindicated. A dose received 4 days or less before the fourth birthday is acceptable.

² A single dose, booster immunization against tetanus, diphtheria and pertussis is required on entrance to grades 6, 9 and 12, beginning with the 2008–09 school year. See sub. (3) for phase–in of other grades.

³ Two doses of Var vaccine are required on entrance to grades K, 6 and 12, beginning with the 2008–09 school year. See sub. (3m) for phase–in of other grades.

⁴ At least one dose to be received after 12 months of age unless medically contraindicated. A dose received 4 days or less before the first birthday is acceptable.

⁵ Required on entrance to a day care center, beginning with the 2008–09 school year.

(c) Exceptions may be made in requirements for the fourth dose of DTP/DT/DTaP/Td vaccine and the fourth dose of polio vaccine. Students who receive the third dose of either of these vaccines after their fourth birthday are not required to receive a fourth dose of that vaccine. A dose received 4 days or less before the 4th birthday is acceptable.

(d) For students in ungraded schools or students age 5 or older in day care centers, the immunization requirements are those for the grade which would normally correspond to the individual's age. Immunization against measles, mumps and rubella is also required for all students age 19 or older.

(e) Exceptions may be made in requirements for Hib vaccine. Students who began the Hib series at 12 to 14 months are only required to receive 2 doses at least 2 months apart. Students who received one dose of Hib at 15 months of age or after are not required to obtain additional doses. A dose received 4 days or less before 15 months of age is acceptable.

(f) Exceptions may be made in requirements for Var vaccine. Students who have a reliable history of varicella disease are not required to receive Var vaccine. A parent of a minor student or an adult student may indicate a reliable history of varicella by signing a statement that the student has had varicella disease.

(g) Exceptions may be made in requirements for the third dose of Hep B vaccine. Students who receive two doses of a licensed two–dose formulation of Hep B vaccine are not required to receive a third dose of Hep B vaccine.

(h) Exceptions may be made in requirements for PCV. Students who begin the PCV series at 12 to 23 months of age are only required to receive 2 doses at least 2 months apart. Students who receive their first dose of PCV at 24 months of age or after are not required to obtain additional doses. A dose received 4 days or less before 24 months of age is acceptable.

(i) Exceptions may be made in requirements for Tdap vaccine. Students who received a dose of tetanus or diphtheria containing vaccine within 5 years of entering a grade for which Tdap is required are not required to receive Tdap vaccine.

(3) TDAP VACCINE COVERAGE PHASE–IN. (a) Beginning with the 2008–09 school year, students entering grades 6, 9 and 12 shall have received Tdap vaccine in addition to the other required vaccines listed in Table DHS 144.03–A as qualified by sub. (2) (b) to (i).

(b) For the 2009–10 school year, the requirements for Tdap vaccine listed in par. (a) that apply to students in grades 6, 9 and 12 shall apply to students in grades 6, 7, 9, 10 and 12; and to students in grades 6 through 12 in 2010–11 and thereafter.

(3m) VAR VACCINE COVERAGE PHASE–IN. (a) Beginning with the 2008–09 school year, students entering grades K, 6 and 12 shall have received two doses of Var vaccine in addition to the other required vaccines listed in Table DHS 144.03–A as qualified by sub. (2) (b) to (i).

(b) For the 2009–10 school year, the requirements for two doses of Var vaccine listed in par. (a) that apply to students in

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

grades K, 6 and 12 shall apply to students in grades K, 1, 6, 7 and 12; to students in grades K through 2, 6 through 8 and 12 in 2010–11; to students in grades K through 3, 6 through 9 and 12 in 2011–12; to students in grades K through 4, 6 through 10 and 12 in 2012–13; and to students in grades K through 12 in 2013–14 and thereafter.

(4) FIRST DEADLINE. Within 30 school days after having been admitted to a school or day care center, each student who has not filed a waiver form shall submit written evidence of having completed at least the first dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03–A.

(5) SECOND DEADLINE. Within 90 school days after having been admitted to a school or day care center, each student who has not filed a waiver form shall submit written evidence of having received the second dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03–A.

(6) FINAL DEADLINE. Within 30 school days after having been admitted to a school or day care center for the following school year, each student who has not filed a waiver form shall submit written evidence of having received the third and, if required, the fourth dose of both DTP/DTaP/DT/Td and polio vaccines and the final dose of Hep B in grades required under sub. (3) and, for students in day care centers, the final dose of Hib vaccine, if a dose has not been received at or after 15 months of age.

(7) RECORDS OF VACCINATION. Any person who immunizes a student under s. 252.04, Stats., shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the student.

(10) RELEASE OF IMMUNIZATION INFORMATION. (a) *Between vaccine providers and schools or day care centers.* Vaccine providers shall disclose a student's immunization information, including the student's name, date of birth and gender and the day, month, year and name of vaccine administered, to a school or day care center upon written or verbal request from the school or day care center. Written or verbal permission from a student or parent is not required to release this information to a school or day care center.

(b) *Among vaccine providers.* Immunization information, including the student's name, date of birth and gender and the day, month, year and name of vaccine administered, shall be provided by one vaccine provider to another without written or verbal permission from the student or the parent.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; r. and recr. (2) and (3), am. (4) to (6), Register, June, 1988, No. 390, eff. 7–1–88; am. (2) (a) to (d), (3) (a) and (b), r. (2) (e), Register, January, 1989, No. 397, eff. 2–1–89; am. (2) (a), (4) and (5), r. and recr. (3), tables 144.03–A and B, Register, July, 1990, No. 415, eff. 8–1–90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. (2) (a), Table 144.03–A and (3), am. (2) (c) and (4) to (7), cr. (2) (e) and (10), r. Table 144.03–B, Register, June, 1997, No. 498, eff. 7–1–97; r. and recr. (2) (a) and Table 144.03–A, cr. (2) (f), (g) and (3m), am. (3) (a) and (6), Register, May, 2001, No. 545, eff. 6–1–01; CR 03–033: am. (2) (b), (c), (e) and Table 144.03–A Register December 2003 No. 576, eff. 1–1–04; CR 07–077: r. and recr. (2) (a), (f), (3), (3m) and Table–A, cr. (2) (h) and (i), am. (10) (a) and (b) Register February 2008 No. 626, eff. 3–1–08.

DHS 144.04 Waiver for health reasons. Upon certification by a licensed physician that an immunization required under s. 252.04, Stats., is or may be harmful to the health of a student, the requirements for that immunization shall be waived by the department. Written evidence of any required immunization which the student has previously received shall be submitted to the school or day care center with the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476.

DHS 144.05 Waiver for reason of religious or personal conviction. Immunization requirements under s. 252.04, Stats., shall be waived by the department upon presentation of a signed statement by the parent of a minor student or by the adult student which declares an objection to immunization on religious or personal conviction grounds. Written evidence of any required

immunization which the student has previously received shall be submitted to the school or day care center with the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7–1–97.

DHS 144.06 Responsibilities of parents and adult students. The parent of any minor student or the student, if an adult, shall secure the immunizations required under s. 252.04, Stats., from available health care sources such as physicians' offices, hospitals or local health departments, or shall submit the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7–1–97.

DHS 144.07 Responsibilities of schools and day care centers. (1) The responsibilities of schools under these rules shall be those of the local school board and the school administrator. The licensee for each day care center shall be responsible for compliance with these rules. The school or day care center shall assure compliance with s. 252.04 (2), Stats.

(1m) By the 15th school day after a child or adult is admitted to a school or day care center and again by the 25th school day after a child or adult is admitted to a school or day care center, the school or day care center shall notify the adult student or the parent of any minor student who has not submitted either written evidence of immunization or a waiver form. Notification shall include instructions for complying with the requirements of s. 252.04 (2), Stats., including a list of missing immunizations, the availability of waivers for reasons of health, religion or personal conviction, and an explanation of the penalty for noncompliance.

(2) For any student who has received the first dose of each immunization required for that student's age or grade under s. DHS 144.03, but who has not received all of the required doses, the school shall obtain written evidence that the student has received the required subsequent doses of immunization as they are administered, but no later than the deadlines described in s. DHS 144.03.

(3) If any minor student for whom a waiver form is not filed fails to comply with the immunization requirements described in s. DHS 144.03 by the date of admission to the school or day care center, the school or day care center shall, within 60 school days of that failure to comply, notify the district attorney in writing, with the notice to include the student's name and the name and address of the student's parent, and request the district attorney to seek a court order under s. 48.13 (13), Stats. The school or day care center shall keep the district attorney apprised of the subsequent compliance of a student initially reported to the district attorney.

(4) (a) The school shall report to the local health department and the day care center shall report to both the local health department and the department:

1. The degree of compliance with s. 252.04, Stats., and this chapter by students in that school or day care center.

2. The name and immunization history of any incompletely immunized student, including those students with waivers and those students in the process of being immunized.

(b) These reports shall be in a format prescribed by the department and shall be made by schools within 40 school days after the beginning of the term and by day care centers at intervals prescribed by the department. Updated reports shall be filed by the school on students who are in the process of being immunized. These updated reports shall be filed within 10 school days after the deadlines listed in s. DHS 144.03.

(5) The school and the day care center shall maintain on file the immunization history for each student and any waiver form submitted. Immunization histories shall be updated with information supplied by the local health department, parents or private physicians.

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

(6) The school or day care center shall maintain a current roster listing the name and immunization history of each student who does not meet all immunization requirements for that student's grade or age.

(7) The immunization record of any new student who transfers from one school or day care center to another shall be forwarded to the new school or day care center within 10 school days of the request for record transfer. The records of a day care student shall be transferred to a school if requested by either the admitting school or the parent.

(8) All suspected cases of diseases covered by s. 252.04 (2), Stats., or this chapter which occur among students or staff shall be reported immediately by telephone to the local health department.

(9) If one of the diseases covered by s. 252.04 (2), Stats., or this chapter occurs in a student or staff member, the school or day care center shall assist the local health department and the department in immediately identifying any unimmunized students, notifying their parents of the possible exposure and facilitating the disease control activities.

(10) If a substantial outbreak as defined in s. DHS 144.02 (12) occurs in a school or day care center, or in the municipality in which a school or day care center is located, the school or day care center shall exclude students who have not received all required immunizations against the disease, including students in all grades who have not had 2 doses of measles vaccine when it is an outbreak of measles that is occurring, when ordered to do so by the department. The exclusion shall last until the student is immunized or until the department determines that the outbreak has subsided.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (10), Register, July, 1990, No. 415, eff. 8-1-90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; renum. (intro.) and (1) to be (1) and (1m) and am. (1m), am. (3), (4) (intro.), (a), (5) and (7) to (9), Register, June, 1997, No. 498, eff. 7-1-97.

DHS 144.08 Responsibilities of local health departments. (1) Each local health department shall make available the immunizations required under s. 252.04 (2), Stats., insofar as the vaccine is available without charge from the department under ch. DHS 146. Vaccines made available free from the department under ch. DHS 146 shall be administered without charge for the cost of the biologic. By mutual agreement, responsibility for making the needed immunizations available may be transferred from the local health department to a school or day care center.

(2) By November 15 of each year, each local health department shall report to the department statistical information concerning the degree of compliance with s. 252.04, Stats., of students within its service area. These reports shall be on a form prescribed by the department.

(3) The local health department shall assist the department in informing schools and day care centers of the provisions of s. 252.04, Stats., and this chapter.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; corrections in (1) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 144.09 Responsibilities of the department.

(1) (a) The department, in cooperation with local boards of health and health officers, local school boards and school and day care center administrators and other agencies, as appropriate, shall provide guidance to parents, physicians, schools and day care centers and local health departments in understanding the minimum immunization requirements under s. 252.04, Stats., and this chapter, the reasons behind their establishment and the process for implementing them.

(b) The department shall undertake a public education campaign to inform parents of students about requirements and rights under s. 252.04, Stats., and this chapter.

(c) The department shall prepare the reporting and waiver forms required under this chapter, and shall make copies of those forms available without charge.

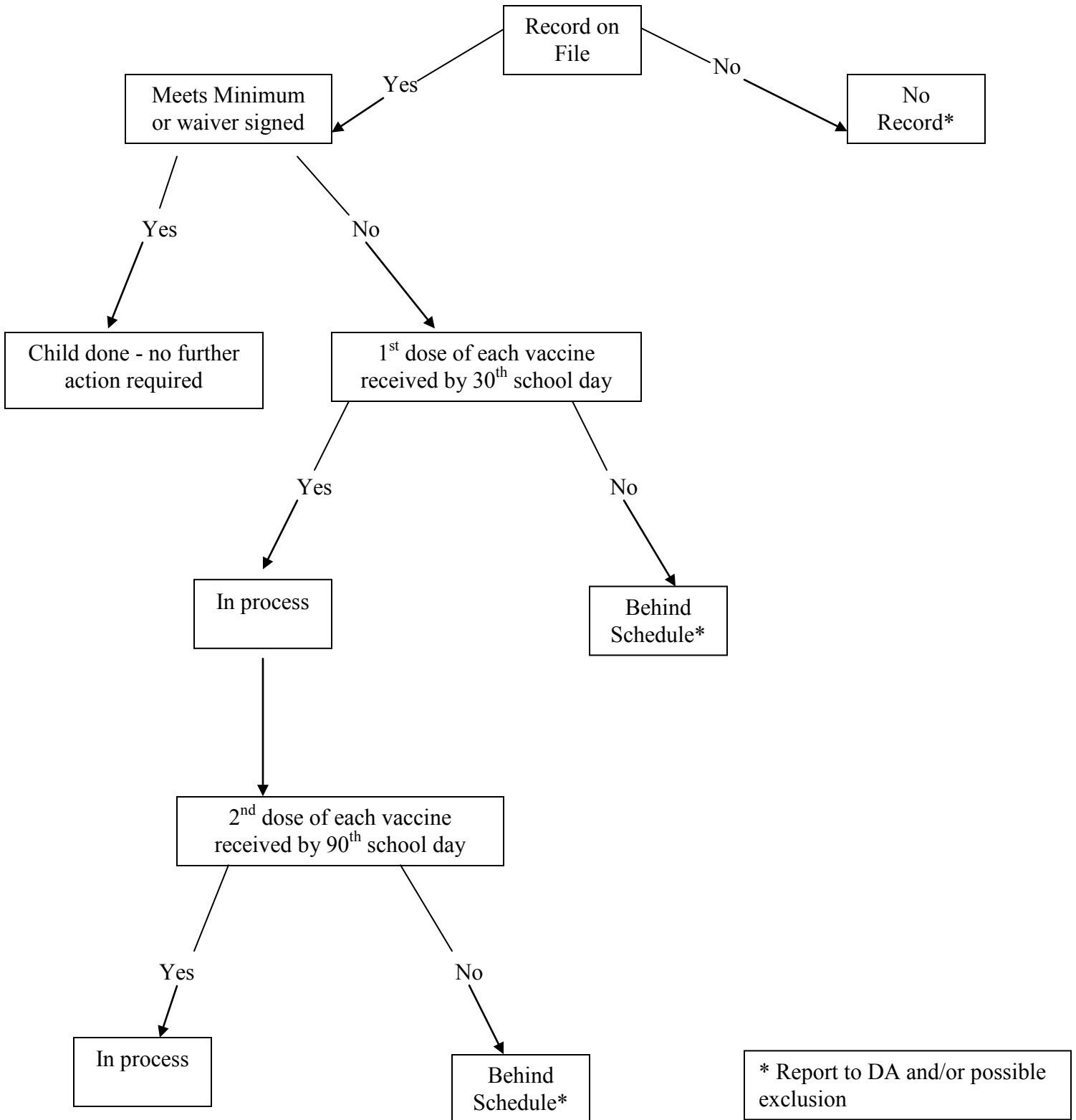
Note: For copies of required reporting and waiver forms, write Immunization Program, Division of Health, P.O. Box 309, Madison, WI 53707-0309.

(d) The department may temporarily suspend an immunization requirement if the department determines that the supply of a necessary vaccine is inadequate.

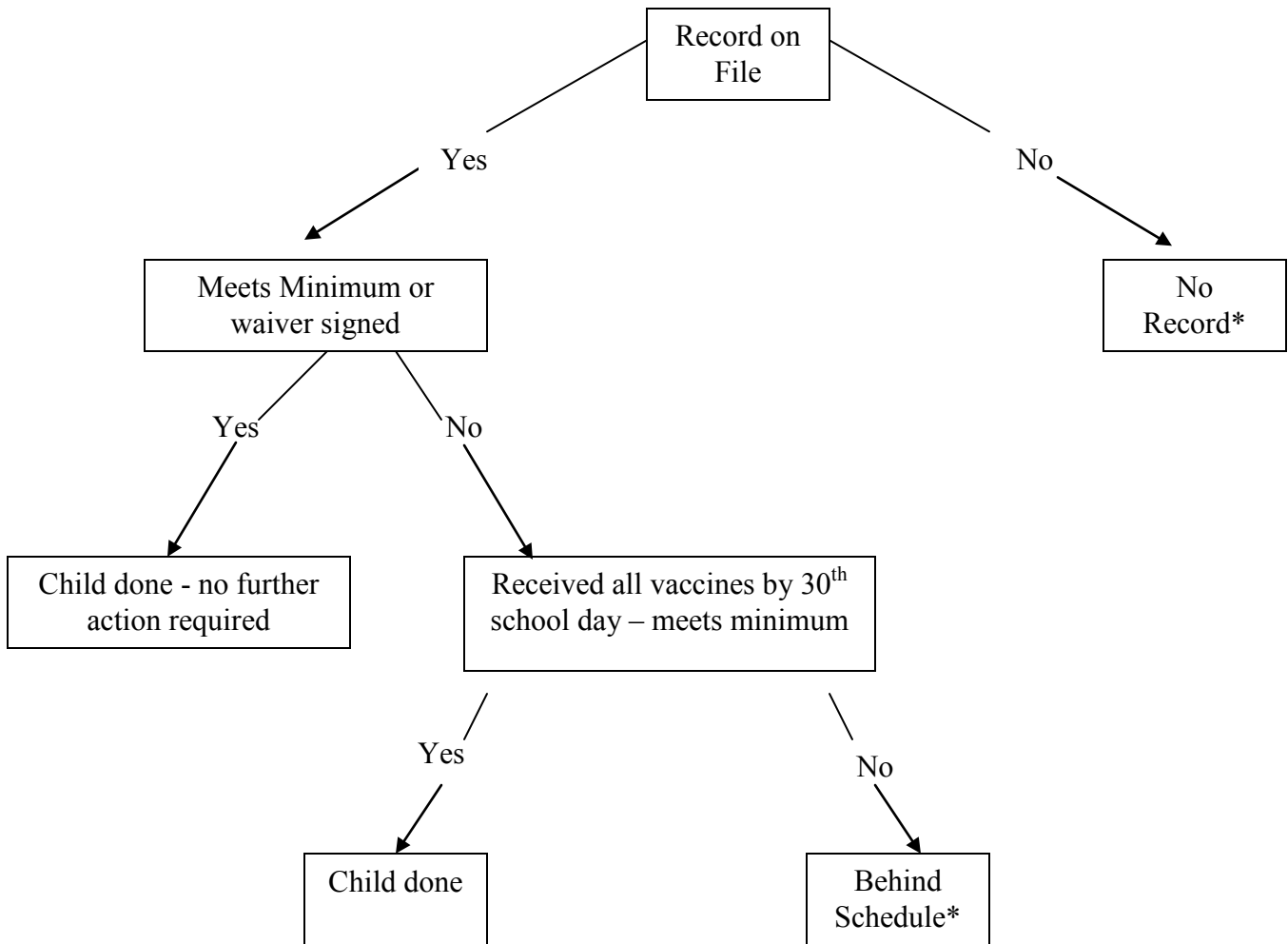
(2) The department shall maintain a surveillance system designed to detect occurrences of vaccine-preventable diseases listed in s. 252.04 (2), Stats., and this chapter and shall investigate outbreaks of these diseases to confirm the diagnosis, determine the source and probable pattern of spread of the infection and guide implementation of appropriate control measures.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. Register, June, 1997, No. 498, eff. 7-1-97; CR 07-077: cr. (1) (d) Register February 2008 No. 626, eff. 3-1-08.

Compliance algorithm for new students admitted to a Wisconsin school for the first time (1st year)



Compliance algorithm for students who were admitted to a Wisconsin school for the first time last year and were “behind schedule” or “in process” for their immunization during the first year of enrollment (2nd year)



* Report to DA and/or possible exclusion

SPANISH

AVISO LEGAL (Legal Notice)

**Inmunización Obligatoria (vacunación) para Admisión a Escuelas de Wisconsin
(Required Immunizations (Shots) for Admission to Wisconsin Schools)**

Al Padre, Guardián o Custodio Legal de _____ Grado _____

La Ley de Inmunización de Estudiantes exige que todos los estudiantes hasta el grado 12 tengan un número mínimo de inmunizaciones obligatorias antes de ser aceptados a la escuela. Estos requisitos sólo pueden ser excusados debido a motivos de salud, religiosos, o de creencias personales. De acuerdo con nuestros expedientes, su hijo no cumple con la ley porque la escuela no dispone de un expediente de vacunaciones o bien porque se necesita una (o más) vacuna(s) (consulte abajo el motivo por el cual su hijo no cumple con la ley). Para cumplir con la ley, por favor indique en el Registro de Vacunación del Estudiante adjunto el mes, día y año en que su hijo recibió la vacuna requerida, o bien seleccione alguna de las opciones de exención antes de _____ y devuelva el formulario a la escuela. El incumplimiento puede resultar en una multa de hasta \$25 diarios o la posible exclusión de la escuela. Si quiere hacer alguna pregunta sobre este aviso, comuníquese con la escuela de su hijo/a.

En años previos, miles de niños de Wisconsin contrajeron sarampión, tos ferina, y rubéola, y como consecuencia muchos de ellos resultaron con discapacidades graves. La Ley de Inmunización de Estudiantes fue aprobada para prevenir que estas enfermedades, así como otras que pueden prevenirse mediante la vacunación, regresen y afecten la salud de nuestros hijos.

Razón por la cual no cumple con la ley:

- No hay expediente

Su hijo necesita las vacunas que han sido marcadas:

<u>DTP/DTaP/DT/Td</u>	<u>Polio</u>	<u>MMR</u>	<u>Hepatitis B</u>	<u>Varicela</u> ¹	<u>Tdap</u> ²
<input type="checkbox"/> 1 ^{ra} dosis	<input type="checkbox"/> 1 ^{ra} dosis	<input type="checkbox"/> 1 ^{ra} dosis	<input type="checkbox"/> 1 ^{ra} dosis	<input type="checkbox"/> 1 ^{ra} dosis	<input type="checkbox"/> 1 ^{ra} dosis
<input type="checkbox"/> 2 ^{da} dosis	<input type="checkbox"/> 2 ^{da} dosis	<input type="checkbox"/> 2 ^{da} dosis	<input type="checkbox"/> 2 ^{da} dosis	<input type="checkbox"/> 2 ^{da} dosis	
<input type="checkbox"/> 3 ^{ra} dosis	<input type="checkbox"/> 3 ^{ra} dosis		<input type="checkbox"/> 3 ^{ra} dosis		
<input type="checkbox"/> 4 ^{ta} dosis	<input type="checkbox"/> 4 ^{ta} dosis				
<input type="checkbox"/> 5 ^{ta} dosis					

¹ Si su niño ya tenía varicela, la vacuna de la varicela no se requiere. Marque "sí" a la pregunta que trata de varicela en el Registro de Vacunación del Estudiante adjunto y escriba la fecha de la enfermedad si la sabe.

² Si su hijo o hija recibió una vacuna que contiene tétanos (como la vacuna Td después de una lesión) en los 5 años anteriores a ingresar al grado en que se requiere esta vacuna, no necesita recibir la vacuna Tdap.

Agradeceremos su cooperación inmediata.

Escuela

Teléfono

Funcionario Escolar (Titulo)

Fecha enviada

Estimados Padres de Familia:

El Aviso Legal anexo le informa que su hijo no cumple actualmente con la Ley de Inmunización de Estudiantes y que por lo tanto será excluido de esta escuela a partir de _____ (fecha). Para que su hijo pueda regresar a la escuela, usted debe escoger una de las siguientes dos opciones:

- 1) Informar a la escuela de la fecha (mes, día y año) en la cual la vacuna(s) requerida fue administrada, ya sea de sus propios registros o bien de un registro de vacunación actualizado proveniente de su médico, clínica, o departamento de salud. Para la varicela (*chickenpox*) también es aceptable una indicación de que su hijo ha tenido la enfermedad.**

- 2) Solicitar una exención.**

Use el Registro de Vacunación del Estudiante anexo para informarnos de la fecha(s) de la vacuna(s), solicitar una exención, o para indicar que su hijo ha tenido varicela.

La Ley de Inmunización de Wisconsin fue aprobada para proteger a todos los niños de enfermedades que pueden prevenirse mediante vacunas. La ley exige a las escuelas públicas de primaria en distritos escolares cuyo nivel de cumplimiento sea inferior al 99 por ciento que se excluyan a los estudiantes que no cumplan con la ley, desde kindergarten hasta sexto grado (que han completado quinto). La ley también aplica a las escuelas privadas de primaria cuyo nivel de cumplimiento sea inferior al 99 por ciento. Un estudiante que no cumple con la ley es uno que está “atrasado” con la vacuna(s) requerida(s) o para quien no se dispone de un registro de vacunación en la escuela.

Agradecemos su cooperación.

**REGISTRO DE VACUNAS DEL ESTUDIANTE
 STUDENT IMMUNIZATION RECORD**

INSTRUCCIONES A LOS PADRES: COMPLETE Y DEVUELVA A LA ESCUELA 30 DÍAS DESPUÉS DE LA ADMISIÓN. La ley estatal requiere que todos los estudiantes de escuelas públicas y privadas presenten evidencia escrita de las vacunas contra algunas enfermedades, dentro de 30 días de admisión a la escuela. Los requisitos específicos de edad / grado se piden en las escuelas y en el departamento de salud locales. Se puede renunciar a estos requisitos completando y firmando un formulario de renuncia en la escuela por motivos de salud, religión o personales. El propósito de este formulario es medir el cumplimiento de la ley y se usará sólo para ese propósito. Si quiere hacer alguna pregunta, comuníquese con la escuela de su hijo/a o con el departamento de salud local.

DATOS PERSONALES

ESCRIBA EN LETRA DE MOLDE

Paso 1	Nombre del estudiante	Fecha Nacimiento (Mes/Día/Año)	Sexo	Escuela	Grado	Año escolar
	Nombre del padre/madre /Tutor / Custodio Legal	Dirección (Calle, Ciudad, Estado, Código Postal)			Número de Teléfono ()	

HISTORIAL DE VACUNAS

Paso 2 Anote el MES, DÍA Y AÑO en que su hijo(a) recibió las siguientes vacunas. NO MARQUE (√) o (X) excepto para responder la pregunta sobre varicela, Tdap or Td. Si usted no tiene un registro de vacunas en su casa para este estudiante, comuníquese con el médico o departamento de salud para conseguir uno.

TIPO DE VACUNA*	1a. DOSIS Mes día año	2a. DOSIS Mes día año	3a. DOSIS Mes día año	4a. DOSIS Mes día año	5a. DOSIS Mes día año
DTaP/DTP/DT/Td/Tdap (Difteria, Tétano, Pertusis)					
Inyección Secundaria para Adolescentes (Marque la cajilla apropiada) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Sarampión, paperas, rubéola)					
Vacuna contra la Varicela (viruelas locas) Esta vacuna se necesita solamente si su hijo(a) no ha tenido la varicela. Vea más abajo:					
¿Ha tenido su hijo(a) la varicela? Marque la casilla correspondiente y anote el año si lo sabe. <input type="checkbox"/> Sí _____ año (no necesita la vacuna) <input type="checkbox"/> NO o no está segura(o) (necesita vacuna)					

REQUISITOS

Paso 3 Para determinar si este estudiante cumple con los requisitos, consulte el nivel de requisitos de acuerdo a la edad/grado del año escolar actual.

CUMPLIMIENTO

Paso 4 **EL ESTUDIANTE CUMPLE CON TODOS LOS REQUISITOS**
 Firme en el Paso 5 y devuelva este formulario a la escuela

EL ESTUDIANTE NO CUMPLE CON TODOS LOS REQUISITOS
 Marque el cuadro que corresponda, firme en el Paso 5 y devuelva el formulario a la escuela. TENGA EN CUENTA QUE SI EL ESTUDIANTE NO TIENE TODAS SUS VACUNAS PUEDE SER EXCLUIDO DE LA ESCUELA SI APARECE UN BROTE DE ESTAS ENFERMEDADES.

Aunque mi hijo(a) NO ha recibido todas las dosis de las vacunas, ha recibido LA PRIMERA DOSIS. Entiendo que la SEGUNDA DOSIS debe recibirla este año antes de cumplir 90 días de entrar a la escuela y la TERCERA Y CUARTA DOSIS si las requiere debe recibirlas antes de los 30 días de este año escolar. También entiendo que es mi responsabilidad notificar por escrito a la escuela cada vez que mi hijo(a) recibe una dosis de las vacunas requeridas.

NOTA: Incumplimiento con el programa o falta de notificar a la escuela puede resultar en acción legal o multa de hasta \$25 por día de incumplimiento.

EXCEPCIONES (Anote en el Paso 2 las vacunas que ya haya recibido)
 Por razones de salud este estudiante no puede recibir las siguientes vacunas: _____

_____ **FIRMA del médico** _____ **Fecha de la firma**

Por razones religiosas este estudiante no puede ser vacunado.
 Por razones de creencias personales este estudiante no puede ser vacunado.

Hacer una lista de las vacuna(s) que se hicieron excepciones

FIRMA

Paso 5 Este formulario está completo y exacto de acuerdo a lo mejor de mi conocimiento. Marque uno: (Yo doy Yo no doy) mi consentimiento para que se compartan los registros de vacunas actuales de mi hijo/a en la medida en que se actualicen en un futuro con el Registro de Vacunas de Wisconsin (*Wisconsin Immunization Registry - WIR*). Entiendo que puedo revocar este consentimiento en cualquier momento enviando una notificación por escrito al distrito escolar. Después de la fecha de revocación, el distrito escolar no proporcionará nuevos registros ni actualizaciones a la WIR.

_____ **FIRMA – Padre/Madre/ Tutor / Custodio Legal o Estudiante Adulto** _____ **Fecha de la firma**

**LEY DE VACUNACIÓN PARA ESTUDIANTES
 REQUISITOS SEGUN EDAD/GRADO
 AÑO ESCOLAR 2013-2014**

Las siguientes son las vacunas mínimas que se requieren para cada nivel de edad/grado. Este no es un programa de vacunas recomendado para bebés y niños de edad preescolar. Para ese programa, consulte a su médico o al departamento de salud local.

Edad/Grado	Número de Dosis					
Pre Kinder (2 a 4 años)	4 DTP/DTaP/DT ²	3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶	
Grado K a 5	4 DTP/DTaP/DT/Td ^{1,2}	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶	
Grado 6 a 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. DTP/DTaP/DT vacuna para los niños que ingresan a Kindergarten: Su hijo(a) debe haber recibido una dosis después de cumplir 4 años (ya sea en el 3er., 4to. o 5to. dosis) para ser aceptado. (Nota: es aceptable una dosis 4 días antes o al cumplir 4 años).
2. DTP/DTaP/DT/Td vacuna para estudiantes desde preescolar hasta 12: Se requieren 4 dosis. Pero, si su hijo(a) recibió la 3ra. dosis después de cumplir 4 años, no necesita dosis adicionales. (Nota: Es aceptable una dosis 4 días antes o al cumplir 4 años).
3. Tdap es la vacuna antitetánica, antidiftérica y antitosferínica acelular, recomendada para los adolescents. Si su hijo(a) ha recibido una dosis de una vacuna antitetánica o antidiftérica como la vacuna Td en los últimos 5 años, no es necesaria la vacuna Tdap.
4. La vacuna antipoliomelítica para estudiantes que ingresan a los grados Kindergarten a 12: Se requieren 4 dosis. Pero, si su hijo(a) recibió la 3ra. dosis después de cumplir 4 años, no necesita dosis adicionales. (Nota: Es aceptable una dosis 4 días antes o al cumplir 4 años).
5. La primera dosis de la vacuna MMR debe recibirse al cumplir un año o después de un año de edad. (Nota: Es aceptable una dosis 4 días antes de cumplir un año).
6. Var se refiere a la vacuna contra la varicela (viruelas locas). También se acepta si ha tenido la varicela.

LEY DE VACUNACIÓN PARA ESTUDIANTES REQUISITOS SEGUN EDAD/GRADO AÑO ESCOLAR 2014 and Beyond

Las siguientes son las vacunas mínimas que se requieren para cada nivel de edad/grado. Este no es un programa de vacunas recomendado para bebés y niños de edad preescolar. Para ese programa, consulte a su médico o al departamento de salud local.

Edad/Grado	Número de Dosis					
Pre Kinder (2 a 4 años)	4 DTP/DTaP/DT ²	3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶	
Grado K a 5	4 DTP/DTaP/DT/Td ^{1,2}	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶	
Grado 6 a 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. DTP/DTaP/DT vacuna para los niños que ingresan a Kindergarten: Su hijo(a) debe haber recibido una dosis después de cumplir 4 años (ya sea en el 3er., 4to. o 5to. dosis) para ser aceptado. (Nota: es aceptable una dosis 4 días antes o al cumplir 4 años).
2. DTP/DTaP/DT/Td vacuna para todos los estudiantes desde preescolar hasta 12: Se requieren 4 dosis. Pero, si su hijo(a) recibió la 3ra. dosis después de cumplir 4 años, no necesita dosis adicionales. (Nota: Es aceptable una dosis 4 días antes o al cumplir 4 años).
3. Tdap es la vacuna antitetánica, antidiftérica y antitosferínica acelular, recomendada para los adolescents. Si su hijo(a) ha recibido una dosis de una vacuna antitetánica o antidiftérica como la vacuna Td en los últimos 5 años, no es necesaria la vacuna Tdap.
4. La vacuna antipoliomelítica para estudiantes que ingresan a los grados Kindergarten a 12: Se requieren 4 dosis. Pero, si su hijo(a) recibió la 3ra. dosis después de cumplir 4 años, no necesita dosis adicionales. (Nota: Es aceptable una dosis 4 días antes o al cumplir 4 años).
5. La primera dosis de la vacuna MMR debe recibirse al cumplir un año o después de un año de edad. (Nota: Es aceptable una dosis 4 días antes de cumplir un año).
6. Var se refiere a la vacuna contra la varicela (viruelas locas). También se acepta si ha tenido la varicela.

Nuevos Requisitos de Vacunación para los Estudiantes de Escuela Secundaria

Hoja de Información sobre la Vacuna Tdap para los Padres



Padres de estudiantes de escuela secundaria:

Debido a cambios en la ley de vacunación de estudiantes del estado de Wisconsin ahora se requiere una dosis de la vacuna Tdap para los estudiantes que entran al sexto grado. Los padres tienen que vacunar a sus hijos o pedir una exención. Utilice el Registro de Vacunación del Estudiante adjunto para anotar la fecha o fechas de las vacunas o pedir una exención.

1. ¿A qué grados afecta el cambio y qué vacunas se requieren?

Se requiere lo siguiente:

Estudiantes que entran a
Los grados 6 al 12

Vacuna
Tdap (1 dosis)

La vacuna Tdap es la combinación para adolescentes que protege contra el tétanos, la difteria y la tos ferina (tos convulsa). Sólo se requiere una dosis.

2. ¿Qué tiene que hacer los padres?

Haga que vacunen a su hijo(a) con la vacuna Tdap si todavía él/ella no ha recibido la(s) vacuna(s). Anote las fechas de las vacunas en las casillas indicadas en negritas en el Registro de Vacunación del Estudiante incluido, firmelo y regréselo a la escuela de su hijo(a). Asegúrese de añadir las fechas de las vacunas Tdap en el registro de vacunación permanente de su hijo(a) que usted guarda en la casa. Puede que en el futuro su hijo(a) necesite proporcionar esas fechas a otras escuelas, universidades o empleadores.

Para pedir una exención por razones médicas, religiosas o convicciones personales siga las instrucciones dadas en el Registro de Vacunación del Estudiante y regrese el formulario firmado a la escuela de su hijo(a).

3. ¿Hay excepciones a los requisitos para las vacunas Tdap?

Sí. Si su hijo(a) recibió una vacuna que contiene tétanos (como la vacuna Td después de una lesión) en los últimos 5 años de haber ingresado al grado en que se requiere esta vacuna, su hijo cumple con el requisito de vacunación y no necesita recibir la vacuna Tdap. Marque la casilla indicada "Td" en el Registro de Vacunación del Estudiante, anote la fecha en que recibió la vacuna y regrese el formulario firmado a la escuela.

4. Si mi hijo(a) cumple con los requisitos para la vacuna Tdap, ¿necesitará recibir otra dosis en otro grado escolar?

No. Cuando un niño cumple con los requisitos de vacunación para el grado al que se aplican los mismos, es decir, recibe la vacuna o no recibe la vacuna debido a una excepción (ver el punto 3 anterior), no necesita recibir otras dosis. Por ejemplo, si un niño recibió una dosis de la vacuna Td debido a una lesión que ocurrió en los 5 años anteriores a ingresar al 6º grado, ese niño ha cumplido con el requisito para la vacuna Tdap (incluso si en realidad no recibió la vacuna Tdap) y no necesitará recibir la vacuna Tdap ahora o en un grado posterior.

5. Si mi hijo(a) ya tuvo tos ferina (tos convulsa), ¿igual deberá recibir la vacuna Tdap?

Los niños que han tenido tos ferina deberán recibir la vacuna Tdap porque no se conoce cuánto dura la protección que confiere esta enfermedad y porque puede ser difícil confirmar el diagnóstico. El haber tenido tos ferina no es una excepción para el requisito de la Tdap.

6. ¿Dónde puedo obtener la vacuna Tdap y/o contra la varicela para mi hijo(a)?

Puede obtener estas vacunas con el médico de su hijo(a) o a través del departamento de salud local. Haga vacunar a su hijo(a) antes de que empiecen las clases para evitar las corridas de verano a los consultorios médicos y las clínicas de vacunación.

7. ¿Por qué están pidiendo estos requisitos?

Del 1986 al 2004, el Estado de Wisconsin tuvo el 5º índice más alto de tos ferina en el país, con casi 5,000 casos reportados solamente en el año 2004. Durante el 2012 el estado de Wisconsin experimentó otro brote de tos ferina; más de 4,000 casos fueron reportados al Division of Public Health de Wisconsin. Los brotes de tos ferina ocurren porque la protección declina 5 a 10 años después de terminar las vacunas de DTP/DTaP en la infancia. La Tdap es una vacuna nueva que se recomienda para los adolescentes y se espera que prevenga la incidencia de tos ferina, incluidos los brotes de tos ferina en las escuelas. La tos ferina es una enfermedad grave, particularmente en los bebés, y puede ser una carga significativa para las familias dado que una persona con tos ferina debe permanecer en la casa y no ir al trabajo o la escuela durante un mínimo de 5 días con tratamiento de antibiótico.

DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASES AND EMERGENCY RESPONSE
IMMUNIZATION PROGRAM
P-00039S (Rev. 07/13)

HMONG

DAIM NTAWV CEEB TOOM RAUG CAI (Legal Notice)
Yuav Tsum Tau Txhaj Tshuaj Yog Kawm Ntawv nyob rau covTsec Kawm Ntawv nyob Wisconsin

Txog rau cov Niam Txiv los yog cov Muaj Cai saib xyuas ntawm _____ Grade _____

Txoj Cai Me Nyaum Kawm Ntawv Txhaj Tshuaj (The Student Immunization Law) yuav kom txhua tus me nyuam kawm ntawv mus txog rau qib 12 yuav tsum tau txhaj tshuaj kom txaus ua ntej yuav pib kawm ntawv. Yuav kom zam tau tsis txhob raug txhaj cov tshuaj no mas yuav tau kos npe rau daim ntawv kom muaj kev zam tso rau ntawm tsev kawm ntawv qhia tau tias vim muaj mob, muaj kev ntseeg ntuj (dab qhuas) los yog ntseeg yus tus keej. Raws li peb cov ntawv keeb kwm uas teev tsheg, koj tus me nyuam daim ntawv txhaj tshuaj tsis muaj nyob rau ntawm peb tsev kawm ntawv los yog yuav tau txhaj tshuaj ntixiv (xyuas hauv qab no seb yog li cas thiaj li ua tsis raug cai). Yuav ua kom raug txoj cai, thov sau lub hli, hnub thiab xyoo uas koj tus me nyuam tau txhaj cov tshuaj yuav tsum tau txhaj rau daim ntawv Keeb Kwm Txhaj Tshuaj (Student Immunization Record) ua muaj nrog ua ke no los yog xaiv ib qho kev zam ua ntej ntawm _____ thiab xa daim ntawv no mus rau koj tus me nyuam lub tsev kawm ntawv. Yog ua tsis tau tej zaum yuav raug npua \$25 rau ib hnub los yog ntshe yuav raug cais tawm ntawm tsev kawm ntawv. Yog hais tias koj muaj lus nug txog rau daim ntawv ceeb toom no, thov hu mus rau koj tus me nyuam lub tsev kawm ntawv.

Ntau xyoo yav dhua los, muaj txhiab tawm tus me nyuam kawm ntawv nyob Wisconsin raug tus mob xus li measles, pertussis (whooping cough) thiab rubella, thiab muaj coob tus tau siam hoob qhab loj. Txoj Cai Me Nyuam Kawm Ntawv Txhaj Tshuaj tau tsa kom muaj los pab tiv thaiv cov kab mob kom tsis txhob rov muaj dua thiab kom tsis txhob raug rau cov peb cov me nyuam tej kev noj qab hau huv.

Yog li cas thiaj tsis txhaj tshuaj kom txaus:

- Tsis Muaj Keeb Kwm Uas Teev Tseg

Koj tus me nyuam yuav tau txhaj koob tshuaj kos nyob rau nram qab no:

<u>DTP/DTaP/DT/Td</u>	<u>Polio</u>	<u>MMR</u>	<u>Hepatitis B</u>	<u>Varicella</u> ¹	<u>Tdap</u> ²
<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose
<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	
<input type="checkbox"/> 3 rd Dose	<input type="checkbox"/> 3 rd Dose		<input type="checkbox"/> 3 rd Dose		
<input type="checkbox"/> 4 th Dose	<input type="checkbox"/> 4 th Dose				
<input type="checkbox"/> 5 th Dose					

¹ Yog hais tias koj tus me nyuam twb muaj mob chickenpox lawm, tsis tas txhaj koob tshuaj varicella. Kos “yes” rau los lus nug txog tus mob chickenpox ntawm caim ntawv Keeb Kwm Txhaj Tshuaj thiab sau vas thib rau yog hais tias paub.

² Yog koj tus me nyuam twb tau txhaj koob tshuaj tiv thaiv tus kab mob pob tsaig txhav (tetanus) lawm (xws li tau txhaj koob tshuaj Td tom qab tus me nyuam raug ib qho mob) li 5 xyoos dhau los thaum nws nkag mus kawm rau qib uas yuav tsum tau txhaj, ces koj tus me nyuam ua raws li kev txhaj lawm ces tsis tas txhaj koob tshuaj Tdap lawm.

Ua tsaug rua koj txoj kev koom tes.

Tsev Kawm Ntawv	Xov Tooj
-----------------	----------

Tsev Kawm Ntawv Tus Neeg Ua Hauj Lwm (Title)	Hnub xa tawm
--	--------------

enc: Daim Ntawv Keeb Kwm Txhaj Tshuaj (Student Immunization Record)

Tsab Ntawv Ceeb Toom Txog Qhov Muab Nrho Tawm Notice of Exclusion

Nyob Zoo Niam Txiv:

Tsab Ntawv Ceeb Toom muab ua ke tuaj ntawm no qhia tias tam sim no koj tus me nyuam ua tsis raws li Me Nyuam Kawm Ntawv Kev Txhaj Tshuaj Tsab Cai (Student Immunization Law) thiab vim li no koj tus me nyuam yuav raug muab nrho tawm hauv lub tsev kawm ntawv no mus rau hnuv tim _____ . Yuav kom koj tus me nyuam rov qab tau kawm ntawv dua, koj yuav tau ua ib qho nram qab no:

(1) Qhia rau lub tsev kawm ntawv no paub (lub hlis, hnuv thiab xyoo) txog cov koob tshuaj uas yuav tsum tau txhaj uas muab nyob rau ntawm cov ntaub ntawv txhaj tshuaj uas koj khaws cia los yog cov uas koj tus me nyuam tau txhaj tsis ntev los no los ntawm koj tus kws kho mob los yog lub chaw ua hauj lwm saib xyuas kev noj qab haus huv. Hais txog varicella (chickenpox), hais qhia txog tus mob xwb los kuj siv tau lawm.

(2) Ua Daim Ntawv Zam Rau (Claim a waiver)

Siv Daim Ntawv Teev Me Nyuam Kawm Ntawv Kev Txhaj Tshuaj (Student Immunization Record) muab nrog tuaj ntawm no los mus teev hnuv uas tau txhaj tshuaj, ua daim ntawv zam rau los yog qhia txog tus mob varicella.

Kev Txhaj Tshuaj Tsab Cai (The Immunization Law) hauv Wisconsin yog tsim tsa los tiv thaiv txhua tus me nyuam ntawm cov kab mob uas muaj tshuaj pab tiv thaiv tau. Tsab cai tau hais kom cov tsev kawm ntawv luam rau me nyuam hauv cov zos uas qis tshaj 99% ntawm qhov ua raws txoj cai kom muab cov me nyuam kawm ntawv uas ua tsis raws cai nyob qib kindergarten txog qib 6 (tiav qib 5) nrho tawm hauv tsev kawm ntawv mus. Tus me nyuam kawm ntawv ua tsis raws cai yog tus uas ua tsis tau raws li cov caij nyoog tau teev tseg kom txhaj hom tshuaj luag kom txhaj los yog tsis muaj ntawv teev kev txhaj tshuaj nyob hauv tsev kawm ntawv.

Ua tsaug rau koj txoj kev koom tes.

**DAIM NTAWV TEEV ME NYUAM KAWM NTAWV KEV TXHAJ TSHUAJ
STUDENT IMMUNIZATION RECORD**

LUS QHIA RAU NIAM/TXIV: UA KOM TIAV THIAB XA MUS RAU TSEV KAWM NTAWV TSIS PUB DHAU 30 HNUB TOM QAB TAU KAWM NTAWV LAWV. Lub xeev tsab cai kom tas nrho cov me nyuam kawm ntawv hauv cov tsev kawm ntawv luam thiab tsev kawm ntawv ntiav muaj ntaub ntawv pov thawj txog kev txhaj tshuaj tiv thaiv ib txhia kab mob **tsis pub dhau 30 hnuv tom qab tau kawm ntawv lawm**. Cov ntaub ntawv qhia txog lub hnuv nyooq tam sim no/kawm nyob qib twg uas yuav tsum tau txhaj koob txhuaj twg muaj nyob hauv cov tsev kawm ntawv thiab cov chaw ua hauj lwm saib xyuas kev noj qab haus huv. Yuav kom zam tsis raug txhaj tshuaj mas yuav tsum muaj npe lus kos npe thov kom zam tsis pub txhaj tshuaj vim muaj mob, muaj kev ntseeg ntuj/dab qhuas los yog kev ntseeg ntawm tus kheej tso rau hauv tsev kawm ntawv nkaus xwb. Lub hom phiaj ntawm daim ntawv (form) no tsuas yog ntsuas txog qhov ua kom raws li txoj cai thiab tsuas muab siv rau qhov hauj lwm no nkaus xwb. Yog koj muaj lus nug txog kev txhaj tshuaj los yog yuav ua daim ntawv no kom tiav li cas, hu rau koj tus me nyuam lub tsev kawm ntawv los yog qhov chaw ua hauj lwm saib xyuas kev noj qab haus huv ntawm koj.

QHIA TXOG TUS KHEEJ (PERSONAL DATA)

THOV SAU KOM POM ZOO (PLEASE PRINT)

Kauj Ruam 1	Tus Me Nyuam Kawm Ntawv Lub Npe	Hnuv Yug Hli/Hnuv/Xyoo	Poj Niam/Txiv Neej	Tsev Kawm Ntawv	Qib	Xyoo Kawm Ntawv
	Niam Txiv/Tus Saib Xyuas Lub Npe	Chaw Nyob (Txoj Kev, Lub Zos, Xeev, Zip Code)			Xov Tooj ()	

KEEB KWM TXHAJ TSHUAJ (IMMUNIZATION HISTORY)

Kauj Ruam 2 Teev lub HLI, HNUB, THIAB XYOO uas koj tus me nyuam tau txhaj cov tshuaj nram qab no. TSIS TXHOB SIV TUS CIM (✓) **LOS YOG (X)** tshwj yog teb rau lo lus nug txog tus mob qoob hlwv dej (chickenpox) no xwb, Tdap or Td. Yog koj tsis muaj daim keeb kwm ntawv txhaj tshuaj rau tus me nyuam kawm ntawv no nyob hauv tsev, hu rau koj tus kws kho mob los yog qhov chaw ua hauj lwm saib xyuas kev noj qab haus huv ntawm koj.

HOM TSHUAJ*	THAWJ KOOB Hli/Hnuv/Xyoo	KOOB THIB OB Hli/Hnuv/Xyoo	KOOB THIB PEB Hli/Hnuv/Xyoo	KOOB THIB PLAUB Hli/Hnuv/Xyoo	KOOB THIB TSIB Hli/Hnuv/Xyoo
DTaP/DTP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis)					
Txhaj ntxiv thaum nto hluas lawm (Kos rau qhov yog) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Cov tshuaj Varicella (Chickenpox) tsuas yog siv tau rau koj tus me nyuam uas tsis tau raug tus mob chickenpox xwb. Xyuas hauv qab no.					
Koj tus me nyuam puas tau mob Varicelle (chickenpox) dua los lawm? Kos ib lub voj voos hauv qab no uas teb raug los lus nug no thiab qhia lub xyoo yog hais tias koj paub: <input type="checkbox"/> Tau Mob Dua Lawm (Yes) _____ xyoo (Tsis tas txhaj tshuaj lawm) <input type="checkbox"/> Tsis Tau Mob Dua (No) los yog Tsis Paub Tseeb (Yuav tau txhaj tshuaj)					

YAM YUAV TSUM TAU UA (REQUIREMENTS)

Kauj Ruam 3 Mus xyuas daim ntawv qhia txog lub hnuv nyooq/kawm nyob qib twg rau lub xyoo kawm ntawv no kom paub seb tus me nyuam kawm ntawv no puas tau txhaj cov tshuaj kom puv raws li qhov yuav tsum tau txhaj.

MUAJ TXHIJ TAS RAWS LI TXOJ CAI (COMPLIANCE DATA)

Kauj Ruam 4 **TUS ME NYUAM KAWM NTAWV MUAJ TXHIJ RAWS LI TXOJ CAI LAWV**
Kos npe rau ntawm Kauj Ruam 5 thiab xa daim ntawv no rov qab mus rau tsev kawm ntawv.
_____ **Los Yog** _____

TUS ME NYUAM KAWM NTAWV TSIS TAU MUAJ TXHIJ RAWS LI TXOJ CAI

Kos rau lub voj voos npe lus hauv qab no seb qhov twg hais raug, kos npe rau Kauj Ruam 5, thiab xa daim ntawv rov qab mus rau tsev kawm ntawv. THOV NCO HAIS TIAS COV ME NYUAM KAWM NTAWV UAS TXHAJ TSHUAJ TSIS PUV YUAV RAUG MUAB TSEM TAWM HAUV TSEV KAWM NTAWV MUS YOG MUAJ IB TUS KAB MOB NTAWM COV MOB NO TSHWM SIM KIS THOQB QHOV TXHIA CHAW.

Txawm tias kuv tus me nyuam TSIS TAU txhaj TAS NRHO cov koob tshuaj uas yuav tsum tau txhaj los, THAWJ KOOB twb txhaj tas lawm. Kuv to taub hais tias koob THIB OB yuav tsum tau txhaj tsis pub dhau 90 hnuv tom qab tau kawm ntawv rau xyoo no, thiab KOOB THIB PEB thiab THIB PLAUB yog hais tias yuav tsum tau txhaj mas yuav txhaj tsis pub dhau 30 hnuv tom qab kawm ntawv xyoo tom ntej. Kuv tseem to taub hais tias nws yog kuv lub luag hauj lwm los mus sau ntawv ceeb toom rau tsev kawm ntawv paub txhua zaus kuv tus me nyuam tau txhaj koob tshuaj uas yuav tsum tau txhaj.

NCO NTSOOV: Yog ua tsis tau raws li cov caij nyooq teem txhaj tshuaj thiab tsis qhia rau tsev kawm ntawv paub tej zaum yuav raug plaub ntug thiab raug nplua txog li ntawm \$25.00 rau ib hnuv uas tau yuam cai.

COV NQE LUS THOV KOM ZAM TSIS TXHAJ TSHUAJ (WAIVERS) (Nyob rau Kauj Ruam 2 saum toj no, teev cov hnuv rau cov koob tshuaj twg uas koj tus me nyuam tau txhaj lawm).

- Vim kev mob nkeeg** yuav tsum tsis txhob txhaj cov koob tshuaj no rau tus me nyuam kawm ntawv o _____
- _____ Hnuv Kos Npe
- KOS NPE – Tus Kws Kho Mob**
- Vim kev ntseeg ntuj/dab qhuas** yuav tsum tsis txhob txhaj tshuaj rau tus me nyuam kawm ntawv no.
- Vim kev ntseeg ntawm tus kheej** yuav tsum tsis txhob txhaj tshuaj rau tus me nyuam kawm ntawv no.

TEEV COV KOOB TSHUAJ UAS ZAM RAU TSIS TXHAJ

KOS NPE

Kauj Ruam 5 Daim ntawv no ua tiav thiab muaj tseeb raws li qhov kuv paub. Qhov kos npe rau daim ntawv (form) no kuv tso cai muab kuv tus me nyuam tej ntawv txhaj tshuaj qhia rau Wisconsin Immunization Registry thiab kuv qhov chaw txhaj tshuaj. Kos rau ntawm no yog koj tsis kam tso cai

KOS NPE – Niam Txiv/Tus Muaj Cai Saib Xyuas los yog Tus Me Nyuam Kawm Ntawv Muaj Hnuv Nyooq Lawm (Adult Student) _____ Hnuv Kos Npe _____

**ME NYUAM KAWM NTAWV KEV TXHAJ TSHUAJ TSAB CAI
 HNUB NYOOG/QIB KAWM UAS YUAV TSUM TAU TXHAJ
 RAU XYOO KAWM NTAWV
 STUDENT IMMUNIZATION LAW
 AGE/GRADE REQUIREMENTS
 2013-2014 SCHOOL YEAR**

Hauv qab no yog cov koob tshuaj uas yuav tsum tau txhaj rau txhua lub hnuv nyoog/qib kawm ntawv. Qhov caij nyoog teem kom txhaj tshuaj no tsis yog kom muab siv rau cov me nyuam mos liab thiab cov tsis tau pib kawm ntawv. Yog xav tau daim ntawv teev cov tshuaj txhaj rau cov me nyuam yau li ntawd no nug mus rau koj tus kws kho mob los yog qhov chaw ua hauj lwm phab kev noj qab haus huv hauv koj zos.

Hnuv Nyoog/Qib Kawm Ntawv	Pes Tsawg Koob					
Pre K (2 xyoo txog 4 xyoo)	4 DTP/DTaP/DT ²		3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶
Qib K txog 5	4 DTP/DTaP/DT/Td ^{1,2}		4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶
Qib 6 txog 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. Koob tshuaj DTP/DTaP/DT yog txhaj rau cov me nyuam pib kawm Kindergarten: Koj tus me nyuam yuav tsum tau txhaj ib koob tshuaj tom qab nws muaj 4 xyoo (xws li koob thib 3, 4, los yog 5) mas thiaj li raws txog cai. (Ceeb Toom: txhaj ib koob 4 hnuv los yog luv dua ua ntej puv hnuv nyoog 4 xyoo los kuj siv tau thiab).
2. Koob tshuaj DTP/DTaP/DT/Td yog txhaj rau tag nrho cov me nyuam kawm ntawv Ua Ntej Kindergarten txog qib 12. Yuav tsum tau txhaj plaub koob. Tiam sis, yog koj tus me nyuam twb txhaj koob thib 3 tom qab nws puv 4 xyoo lawm, tsis tas txhaj ntxiv lawm. (Ceeb Toom: txhaj ib koob 4 hnuv los yog luv dua ua ntej puv 4 xyoo los kuj siv tau thiab).
3. Tdap yog koob tshuaj tetanus, diphtheria thiab acellular pertussis rau cov hluas. Yog koj tus me nyuam twb tau txhaj ib koob tshuaj tetanus-uas muaj cov tshuaj, xws li Td nyob rau hauv, li 5 lub xyoo uas nkag mus rau qib uas yuav tsum tau txhaj koob tshuaj Tdap, ces koj tus me nyuam ua raws txoj cai lawm ces tsis tas txhaj koob tshuaj Tdap lawm.
4. Cov tshuaj Polio (mob tuag npab tuag ceg) yog txhaj rau cov me nyuam pib kawm qib Kindergarten txog 12: Yuav tsum txhaj plaub koob. Tiam sis, yog koj tus me nyuam twb tau txhaj koob thib 3 tom qab nws puv 4 xyoo lawm, tsis tas txhaj ntxiv lawm. (Ceeb Toom: txhaj ib koob 4 hnuv los yog luv dua ua ntej puv hnuv nyoog 4 xyoo los kuj siv tau thiab).
5. Thawj koob tshuaj MMR yuav tsum tau txhaj rau thaum puv ib xyoo los yog tsis ntev tom qab ntawd. (Ceeb Toom: txhaj ib koob 4 hnuv los yog luv dua ua ntej puv hnuv nyoog 4 xyoo los kuj siv tau thiab).
6. Koob tshuaj Var yog Varicella (chickenpox los yog qoob hlwv dej). Qhia txog keeb kwm tau muaj tus mob chickenpox yas tas los lawm xwb los kuj siv tau ib yam thiab).

**ME NYUAM KAWM NTAWV KEV TXHAJ TSHUAJ TSAB CAI
 HNUB NYOOG/QIB KAWM UAS YUAV TSUM TAU TXHAJ
 RAU XYOO KAWM NTAWV
 STUDENT IMMUNIZATION LAW
 AGE/GRADE REQUIREMENTS
 2014 SCHOOL YEAR and Beyond**

Hauv qab no yog cov koob tshuaj uas yuav tsum tau txhaj rau txhua lub hnuv nyoog/qib kawm ntawv. Qhov caij nyoog teem kom txhaj tshuaj no tsis yog kom muab siv rau cov me nyuam mos liab thiab cov tsis tau pib kawm ntawv. Yog xav tau daim ntawv teev cov tshuaj txhaj rau cov me nyuam yau li ntawd no nug mus rau koj tus kws kho mob los yog qhov chaw ua hauj lwm phab kev noj qab haus huv hauv koj zos.

Hnuv Nyoog/Qib Kawm Ntawv	Pes Tsawg Koob					
Pre K (2 xyoo txog 4 xyoo)	4 DTP/DTaP/DT ²		3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶
Qib K txog 5	4 DTP/DTaP/DT/Td ^{1,2}		4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶
Qib 6 txog 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. Koob tshuaj DTP/DTaP/DT yog txhaj rau cov me nyuam pib kawm Kindergarten: Koj tus me nyuam yuav tsum tau txhaj ib koob tshuaj tom qab nws muaj 4 xyoo (xws li koob thib 3, 4, los yog 5) mas thiaj li raws txog cai. (Ceeb Toom: txhaj ib koob 4 hnuv los yog luv dua ua ntej puv hnuv nyoog 4 xyoo los kuj siv tau thiab).
2. Koob tshuaj DTP/DTaP/DT/Td yog txhaj rau tag nrho cov me nyuam kawm ntawv Ua Ntej Kindergarten txog qib 12. Yuav tsum tau txhaj plaub koob. Tiam sis, yog koj tus me nyuam twb txhaj koob thib 3 tom qab nws puv 4 xyoo lawm, tsis tas txhaj ntiv lawm. (Ceeb Toom: txhaj ib koob 4 hnuv los yog luv dua ua ntej puv 4 xyoo los kuj siv tau thiab).
3. Tdap yog koob tshuaj tetanus, diphtheria thiab acellular pertussis rau cov hluas. Yog koj tus me nyuam twb tau txhaj ib koob tshuaj tetanus-uas muaj cov tshuaj, xws li Td nyob rau hauv, li 5 lub xyoo uas nkag mus rau qib uas yuav tsum tau txhaj koob tshuaj Tdap, ces koj tus me nyuam ua raws txoj cai lawm ces tsis tas txhaj koob tshuaj Tdap lawm.
4. Cov tshuaj Polio (mob tuag npab tuag ceg) yog txhaj rau cov me nyuam pib kawm qib Kindergarten txog 12: Yuav tsum txhaj plaub koob. Tiam sis, yog koj tus me nyuam twb tau txhaj koob thib 3 tom qab nws puv 4 xyoo lawm, tsis tas txhaj ntiv lawm. (Ceeb Toom: txhaj ib koob 4 hnuv los yog luv dua ua ntej puv hnuv nyoog 4 xyoo los kuj siv tau thiab).
5. Thawj koob tshuaj MMR yuav tsum tau txhaj rau thaum puv ib xyoo los yog tsis ntev tom qab ntawd. (Ceeb Toom: txhaj ib koob 4 hnuv los yog luv dua ua ntej puv hnuv nyoog 4 xyoo los kuj siv tau thiab).
6. Koob tshuaj Var yog Varicella (chickenpox los yog qoob hlwv dej). Qhia txog keeb kwm tau muaj tus mob chickenpox yas tas los lawm xwb los kuj siv tau ib yam thiab).

Cov Tshuaj Yuav Tsum Tau Txhaj Tshiab Ntxiv rau Cov Me Nyuam Kawm Ntawv Hauv Middle School
New Vaccine Requirements for Students in Middle School

Txhaj Tshuaj Tdap

Daim Ntawv Qhia Qhov Tseeb Rau Cov Niam/Txiv
Fact Sheet for Parents



Cov Niam/Txiv Ntawm Cov Me Nyuam Kawm Ntawv Hauv Middle School:

Cov kev hloov hauv Wisconsin Txoj Cai Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law) tam sim no tau hais kom txhaj ib koob tshuaj Tdap rau cov me nyuam kawm ntawv nkag mus qib 6. Cov niam/txiv yuav tsum tau coj lawv cov me nyuam mus txhaj tshuaj los sis muaj ib daim ntawv kom zam tsis pub txhaj tshuaj (waiver). Siv Daim Ntawv Teev Kev Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Student Immunization Record) uas muab tuaj ntawm no los teev (cov) hnuv uas tau txhaj koob (cov) tshuaj los sis muaj ib daim ntawv kom zam tsis txhaj tshuaj (waiver).

1. Yuav raug rau cov kawm nyob qib (grade) twg thiab cov tshuaj twg yog cov yuav tsum tau txhaj?

Yuav tsum tau txhaj li nram qab no:

Cov uas yuav nkag mus kawm

Qib 6 txog 12

(Cov) Koob Tshuaj

Tdap (1 koob)

Tdap yog koob tshuaj tiv thaiv kab mob rau cov hluas uas muaj ob peb yam ua ke uas tiv thaiv kab mob pob tsaig txhav (tetanus), qa foob (diphtheria), thiab hnoos hawb pob (pertussis) (whooping cough/hnoos qhuj qhem).

2. Cov niam/txiv yuav tau ua dab tsi?

Coj koj tus me nyuam mus txhaj koob tshuaj Tdap yog hais tias nws tseem tsis tau txhaj koob tshuaj no. Sau (cov) hnuv uas txhaj cov tshuaj rau hauv lub (cov) box(s) uas plaub txoj kab ncig ntug dub dua cov nyob rau ntawm Daim Ntawv Teev Kev Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv, kos npe rau thiab xa rov qab mus rau tom koj tus me nyuam lub tsev kawm ntawv. Nco ntsoov sau hnuv uas txhaj koob tshuaj Tdap ntxiv rau hauv daim ntawv txhaj tshuaj rau koj tus me nyuam uas koj khaws cia hauv tsev. Yav tom ntej, tej zaum koj tus me nyuam tseem yuav tau muab cov hnuv txhaj tshuaj no rau lwm cov tsev kawm ntawv, cov tsev kawm ntawv qib siab los sis nws cov chaw ua hauj lwm.

Yog yuav thov kom zam tsis pub txhaj cov tshuaj no vim kev muaj mob, vim kev ntseeg los sis lwm yam kev ntseeg ntawm tus kheej, koj yuav tau muab Daim Ntawv Teev Kev Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv los xyuas thiab muab kos rau ntawm nqe lus kom zam tsis pub txhaj tshuaj raws li cov lus qhia. Tas ntawd, kos

koj lub npe ntxiv rau thiab muab Daim Ntawv xa rov qab mus rau koj tus me nyuam lub tsev kawm ntawv.

3. Puas muaj qhov tsis tas txhaj koob tshuaj Tdap los tau?

Muaj. Yog koj tus me nyuam twb tau txhaj koob tshuaj tiv thaiv tus kab mob pob tsaig txhav (tetanus) lawm (xws li tau txhaj koob tshuaj Td tom qab tus me nyuam raug ib qho mob) li 5 xyos dhau los thaum nws nkag mus kawm rau qib uas yuav tsum tau txhaj, ces koj tus me nyuam ua raws li kev txhaj lawm ces tsis tas txhaj koob tshuaj Tdap lawm. Kos rau ntawm lub box muaj tus ntawv “Td” ntawm Daim Ntawv Teev Kev Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv, sau hnuv uas tau txhaj koob tshuaj ntawd thiab muab daim ntawv kos npe xa rov qab mus rau tsev kawm ntawv.

4. Yog kuv tus me nyuam twb tau txhaj koob tshuaj Tdap raws li kom txhaj lawm puas yuav tsum tau rov qab txhaj dua thaum nws mus nkag rau ib qib txawv hauv tsev kawm ntawv?

Tsis txhaj lawm. Thaum ib tus me nyuam twb tau txhaj raws li qhov yuav tsum tau txhaj rau qib kawm ntawd lawm, (piv txwv, tau txhaj los yog tsis tau txhaj vim muaj qhov li tau hais los nyob rau npe #3 saud, ces tsis tas txhaj ntxiv lawm. Piv txwv, yog ib tus me nyuam tau txhaj koob tshuaj Td lawm vim nws raug ib qho mob li 5 xyos tas los thaum nkag mus kawm rau qib 6, tus me nyuam ntawd tau ua raws li qhov yuav tsum tau txhaj koob tshuaj Tdap lawm (txawm tias nws yuav tsis tau txhaj kiag koob tshuaj Tdap) thiab yuav tsis kom txhaj koob tshuaj Tdap tam sim no los sis thaum mus kawm rau ib qib twg yav tom ntej.

5. Yog kuv tus me nyuam twb muaj tus mob hnoos hawb (pertussis) (hnoos qhuji qhem), nws puas tseem yuav tsum tau txhaj koob tshuaj Tdap thiab?

Cov me nyuam uas twb muaj tus mob hnoos hawb lawm los yuav tsum tau txhaj koob tshuaj Tdap vim tsis paub hais tias qhov kev pab tiv thaiv los ntawm tus mob yuav kav ntev npaum cas thiab qhov yuav tshawb kom paub tseeb tias yog tus mob tsis yooj yim. Keeb kwm muaj tus mob hnoos hawb yav dhau los tsis yog ib qho yuav siv tau kom zam tsis txhaj koob tshuaj Tdap.

6. Kuv yuav koj kuv tus me nyuam mus txhaj tshuaj Tdap thiab/los sis varicella qhov twg?

Cov tshuaj txhaj no muaj nyob rau ntawm koj tus me nyuam tus kws kho mob los sis hauv qhov chaw saib xyuas kev noj qab haus huv hauv zos (local health department). Thov koj koj tus me nyuam mus txhaj tshuaj ua ntej tsev kawm ntawv qhib xwv thiaj tsis tau mus tos ntawm chaw txhaj tshuaj thaum lub caij ntuj so yuav tas es muaj neeg coob tuaj txhaj tshuaj.

7. Vim li cas ho muaj qhov yuav tsum tau txhaj tshuaj no?

Txij xyoo 1986 txog rau xyoo 2004, Wisconsin yog lub xeev thij 5 uas muaj tus mob hnoos hawb (pertussis) siab tshaj plaws hauv teb chaws uas tau muab qhia tawm tias muaj yuav luag txog 5,000 tus neeg tau tus mob no rau xyoo 2004 nkaus xwb. Nyob hauv xyoo 2012 Wisconsin tau raug tus mob hnoos hawb ib zaug dua; muaj ntau tshaj ntawm 4,000 tus neeg mob tau muab hais qhia rau Wisconsin Division of Public Health paub. Tus mob hnoos hawb cia li muaj tshwm sim tuaj ntau vim hais tias kev tiv thaiv kab mob tau txo li ntawm 5-10 xyoo tom qab txhaj cov tshuaj DTP/DTaP rau cov me nyuam thaum tseem yau lawm. Tdap yog ib koob tshuaj tshiab uas xav kom muab txhaj rau cov hluas thiab vam tias yuav pab tiv thaiv kom

tus mob hnoos hawb txhob tshwm sim tuaj rau sawv daws, nrog rau hauv tsev kawm ntawv. Tus mob hnoos hawb yog ib tug kab mob loj, tshwj xeeb tshaj yog rau cov me nyuam mos liab, thiab yuav ua teeb meem loj tab kaum rau tsev neeg, vim tias ib tug neeg tau tus mob hnoos hawb yuav tsum tau nyob hauv tsev tsis txhob mus ua hauj lwm thiab mus kawm ntawv yam tsawg li ntawm 5 hnuv tom qab siv tshuaj kho tus mob.

DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASES AND EMERGENCY RESPONSE
IMMUNIZATION PROGRAM
P-00039H (Rev. 07/13)

How to Order Forms and Publications Electronically

To order printed forms and brochures from the Wisconsin Department of Health Services:

You must have Microsoft Word 97 or newer to complete the request form.

Go to the following Department of Health Services Web page,

<http://www.dhs.wisconsin.gov/forms/PrintFormsOnline.htm> , select request form ("Short Form" F-80025A)

1. Fill in the shipping address (use street address only, no post office boxes), date, telephone number and email address. (Skip the "Internal Use: Mail Code")
2. Request only the quantity that equals a 3-6 month supply.
3. Fill in the form or publication number ("F-44021" and/or for Spanish "F-44021S")
4. Fill in the title ("Student Immunization Record ")
5. Save the completed request form to your computer and email as an attachment to dhsfmdphpph@wisconsin.gov .

Instructions for the F-80025A Request Form:

When you click to open the form, you may see a dialog box. If so, please do the following:

Choose "Enable Macros," and choose "Yes."

Complete the form by tabbing through the input fields, NOT by using the return/enter key. Note: Please order only a three-month supply.

If you are unable to place your order electronically or have, questions about the process please contact Cristina Caputo at 608-267-9054.

**Type Shipping Label Below With Name and Delivery Address
(Do not use a P.O. Box No.)**

State of Wisconsin

DEPARTMENT OF HEALTH SERVICES
1 WEST WILSON STREET
P O BOX 7850
MADISON WI 53707-7850

F-80025A (09/12)

Please TAB through this form, DO NOT press the enter key.

SHIP TO:

ENTER CONTACT NAME
ENTER BUSINESS OR AGENCY NAME
ENTER SUITE OR ROOM NUMBER
ENTER STREET ADDRESS
ENTER CITY, STATE AND ZIP CODE

Date - Request
Telephone Number - Requestor ()
E-Mail Address – Requestor

Internal Use: Mail Code	Mailing Instructions: E-mail completed form to the appropriate forms/publications manager. For e-mailing instructions, scroll to the bottom of the form and click on the link.
-------------------------	--

Do not order more than 3-6 months supply.			FORMS / PUBLICATIONS REQUISITION	Internal Use Only	
Quantity	Changed Quantity	Form / Publication Number	Form / Publication Title	Code	Back Ordered

MAILING INSTRUCTIONS	Requestor:	DIVISION FORMS / PUBLICATIONS MANAGER APPROVAL	ORDER FILLED BY	CODE
	Requestor:	Initials Date	Initials Date	Requestor:
Send form by e-mail to the appropriate e-mail address. Refer to the link below for instructions and e-mail addresses.				If the code column is completed, refer to the enclosed P-80041 for definitions.

Where to send your request. Select the Division Manager which has the majority of forms/publications you are requesting. Division information should be in the title header for forms or title panel for publications. Attach your request to the e-mail that is generated

- Division of Long Term Care **DLTC** Jim Pritchard 608-266-7075
- Division of Mental Health and Substance Abuse Services **DMHSAS** Jim Pritchard 608-266-7075
- Division of Health Care Access and Accountability **DHCAA** Steve Bowe, 608-261-4954
- Division of Public Health **DPH** Cris Caputo, 608-267-9054
- Division of Quality Assurance **DQA** Diana Cleven 608-266-8439
- Office of the Inspector General **OIG** Steve Bowe, 608-261-4954
- Division of Enterprise Services **DES** Diana Cleven 608-266-8439

How are we doing? Please complete the attached survey and let us know if we are meeting your needs.

<https://doa.wi.gov/DHSSurveys/TakeSurvey.aspx?SurveyID=m6MI4lm4>

DIVISION FORMS / PUBLICATIONS MANAGER COMMENTS
--

Department of Health Services
Division of Public Health
PO Box 2659
Madison, WI 53701-2659

FIRST CLASS MAIL
U.S. POSTAGE
PAID
MADISON WI
PERMIT NO. 1369

IMMEDIATE ATTENTION!
**Important information about
Immunization assessment
requirements for the 2013-2014
school year**