701 East Eleventh Street New Richmond, WI 54017, Telephone: (715) 243-7424 FAX: (715) 888-1551 Ryan Vang, R.N., District School Nurse, email: rvang@newrichmond.k12.wi.us

Dear Parents / Guardians,

Before your child enters kindergarten this fall, please be aware that the Wisconsin Immunization Law requires the following:

- Two doses of the Varicella (chickenpox) vaccine or the date your child previously had the disease.
- One dose of the DTaP vaccine after their 4th birthday. For children who are "up to date" with their preschool DTaP series, this will be the final (5th) dose that is recommended to ensure prolonged protection, primarily against pertussis also known as whooping cough.
- Four doses of the polio vaccine. However, if your child received the 3rd dose after the 4th birthday, further doses are not required.
- Second and final dose of the MMR vaccine. The first dose must have been received after their first birthday.

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

Waivers are available for religious, health, or personal conviction reasons. <u>Complete Step 4 on the Student Immunization Record for Waivers</u>. In the event of an outbreak of a vaccine preventable disease, students with a waiver may be excluded from school until the outbreak subsides.

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 dates of your child's immunizations, type in your child's name and 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. Address information about your child is not provided.

Thank you and we look forward to seeing you in the fall!

Ryan Vang, RN, BSN District School Nurse

Please return your child's immunization record to school prior to his/her scheduled orientation appointment at the start of the school year.

Wis. Stat. §§ 252.04 and 120.12 (16)

Division of Public Health F-04020L (Rev. 6/2020)

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

1	PERSONAL DATA PLEASE PRINT								
Stu	udent's Name	Birthdate (MM/DD/YY	YY) Gender	Sch	ool		Grade	School Year	
Na	ame of Parent/Guardian/Legal Custodian	Address (Street	t, City, State, 2	Zip)		Teleph	one Numbe	er	
2 IM	IMUNIZATION HISTORY								
Lis qu	List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A ($$) OR (\mathbf{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.								
40	TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DO MM/DD/YY		THIRD DOSE MM/DD/YYYY	FOURTH DO MM/DD/YYY		FIFTH DOSE MM/DD/YYYY	
Pe	TaP/DTP/DT/Td (Diphtheria, Tetanus, ertussis)								
Ad	dolescent booster (Check appropriate box) ☐ Tdap ☐ Td								
Po	plio								
Не	epatitis B								
	MR (Measles, Mumps, Rubella)								
Va ch	aricella (Chickenpox) Vaccine accine is required only if your child has not had hickenpox disease. See below:								
ap □ □	as your child had Varicella (chickenpox) diseas opropriate box and provide the year if known: YES Year (Vaccine not required) NO or Unsure (Vaccine required)	e? Check the	previous va	ccinati	d a blood test (titer on) to any of the following the following to the following the f	llowing? (Che	ck all that	apply)	
3 R	EQUIREMENTS								
Re	efer to the age/grade level requirements for the	current school year	to determine it	this s	tudent meets the re	equirements.			
	OMPLIANCE DATA								
Sig	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. Or								
Ch	STUDENT DOES NOT MEET ALL REQUIREMENTS Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.								
	Although my child has NOT received ALL the required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.								
NO	NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.								
W	WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)								
	For health reasons this student should not receive the following immunizations								
	SIGNATURE - Physician				Date Signe	d			
	For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply) DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella								
	For personal conviction reasons, I have ☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio						eck all that	apply)	
	GNATURE								
im co	nis form is complete and accurate to the best or imunization records and as they are updated in insent at any time by sending written notification cords or updates to the WIR.	the future with the V	Visconsin Imm	unizat	ion Registry (WIR)	. I understand	that I may	revoke this	

Date Signed

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

Division of Public Health P-44021 (07/2017)

Wis. Stat. § 252.04

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. Additional immunizations may be recommended for your child depending on his/her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses						
Pre-K (ages 2 through 4 yrs) ¹	4 DTaP/DTP/DT ²		3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸	
Kindergarten through Grade 5	4 DTaP ¹ /DTP/DT/Td ^{2,3}		4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸	
Grades 6 through 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸	

- 1. Children > 4 years of age who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5 which would normally correspond to the individual's age.
- 2. D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students <u>Pre-K through 12:</u> Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable.
- 3. DTaP/DTP/DT vaccine for children <u>entering Kindergarten</u>: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. Note: a dose four days or less before the 4th birthday is also acceptable.
- 4. Tdap is adolescent tetanus, diphtheria and acellular pertussis vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
- 5. Polio vaccine for students entering grades <u>Kindergarten through 12:</u> Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable.
- 6. Laboratory evidence of immunity to hepatitis B is also acceptable.
- 7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday Note: a dose four days or less before the 1st birthday is also acceptable. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable.
- 8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

State of Wisconsin Department of Regulation and Licensing KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Stuc	lent's Name	Birth Date	Sex				
Pare	ent or Guardian		Phone				
Add	ress		County				
Sch	ool/Kindergarten		City				
Date	e entering Kindergarten						
exar scho	State of Wisconsin encourages parents of mined by an optometrist or evaluated by sool. An examination or evaluation should cking the box, the examining doctor is ind	a physician by December 31 include, at a minimum, the e	of the child's first year in lements listed below. (By				
00000	Brief history (general health and eye health) of the child, including family history General external observation of the child's eyes and surrounding structures Ophthalmoscopic examination through an undilated pupil Gross measurement of peripheral vision Evaluation of eye coordination and function (alignment and motility) Visual acuity for each eye (separately)						
As a	a result of this examination, follow-up care	e for the child is recommended	d: □Yes □No				
		IMPORTANT NOTI	CE TO PARENTS				
	e of examination:	This examination is not required by law Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.					
Doctor/Physician Signature:		Disclosure of this information is voluntary and the is no penalty for non-compliance.					
Print or stamp: Doctor/Physician Name Address Phone		You are encouraged to provide a copy of this form to the school and keep a copy for your record.					
		Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.					
		Signature Date					

#2540 (2/02) s. 118.135, Stats.