## DEPARTMENT OF HEALTH SERVICES

SIGNATURE - Parent, Guardian or Legal Custodian

Division of Public Health F-44192 (Rev. 12/20)

## **CHILD CARE IMMUNIZATION RECORD**

STATE OF WISCONSIN Wis. Stat. § 252.04

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filled with the child care center. See "Waivers" below. If you have any questions about immunizations, or personal conviction waiver wild a child care provides or your level health department.

PERSONAL DATA Child's Name(Last, First, Middle Initial)		PLEASI	E PRINT  Date of Birth (Month/Day/Year)		lav/Year)	Area Code/Telephone Number	
Name of Parent/Guardian/Legal Custodian (Last, First, Midd		(liddle Initial)		Address (Street, Apartment nun			
	aotodian (Laot, 1 not, n		7144				,,
IMMUNIZATION HISTORY List the MONTH, DAY AND YEAR	the child received eac	h of the following	ı immuniza	tions DO NOT LIS	SE A (3/) OF	2 (Y) evcent	to indicate whether
the child has had chickenpox. If your batain the records.	u do not have an imm	unization record f	for this child	d, contact your do	ctor or loca	l public heal	th department to
TYPE OF VACCINE	First Do: Month/Day/		id Dose Day/Year	Third Dose Month/Day/Year		th Dose Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis Specify DTP, DTaP, or DT)							
Polio	5)						
Hib (Haemophilus <i>Influenzae</i> Type	,						
Pneumococcal Conjugate Vaccine	(PCV)						
Hepatitis B							
Measles-Mumps-Rubella (MMR)							
Varicella (chickenpox) vaccine Vaccine is required only if the chilc not had chickenpox disease.	has						
las the child had Varicella (chic			riate box	and provide the y	ear if kno	wn.	
<ul><li>☐ Yes year</li><li>☐ No or Unsure (Vaccine is requi</li></ul>	,	requirea)					
REQUIREMENTS							
The following are the minimum rec	uired immunizations	or the child's age	e/grade at e	entry. All children v	vithin the ra	ange must m	eet these
requirements at child care entrance with dates of additional required do	<ul> <li>e. Children who reach</li> </ul>	a new age/grade	e level while	e attending this ch	ild care mu	ust have thei	r records updated
AGE LEVELS	3303.			IBER OF DOSES			
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib		Нер В		
16 months through 23 months 2 years through 4 years	3 DTP/DTaP/DT 4 DTP/DTaP/DT	2 Polio 3 Polio	3 Hib <sup>1</sup> 3 Hib <sup>1</sup>		Hep B Hep B	1 MMR <sup>3</sup> 1 MMR <sup>3</sup>	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio	3 1110		Hep B	2 MMR <sup>3</sup>	
If the child began the Hib series a or after, no additional doses are rethe first birthday is also acceptable	equired. Minimum of o	, only two doses ne dose must be	are require received a	d. If the child rece fter 12 months of	ived one do	ose of Hib at a dose four	15 months of age days or less before
If the child began the PCV series age or after, no additional doses	at 12-23 months of ag are required.	e, only two doses	s are requir	ed. If the child rec	eived the fi	rst dose of F	PCV at 24 months of
3MMR vaccine must have been red	ceived on or after the f	irst birthday (Note	e: a dose fo	our days or less be	fore the fir	st birthday is	s also acceptable).
Children entering kindergarten mudose 4 days or less before the foundation			urth birthda	y (either the third,	fourth or fi	fth) to be cor	mpliant (Note: a
COMPLIANCE DATA AND W	AIVERS						
IF THE CHILD MEETS ALL REQU	JIREMENTS (sign at				•		
IF THE CHILD MEETS ALL REQU	JIREMENTS (sign at				•		care center).
IF THE CHILD MEETS ALL REQUIF THE CHILD DOES NOT MEET  Although the child has not received. I, understand that it	JIREMENTS (sign at ALL REQUIREMENTS eived all required dose is my responsibility to	6 (check the appress of vaccine for lobtain the remains	opriate boo	k below, sign and lage group, at least	eturn this f	orm to child se of each v	accine has been
IF THE CHILD MEETS ALL REQUESTREE THE CHILD DOES NOT MEET  Although the child has not received. I, understand that it to notify the child care center  NOTE: Failure to stay on sched	JIREMENTS (sign at ALL REQUIREMENTS eived all required dose is my responsibility to in writing as each dose ule or report immunized.	S (check the approper of vaccine for lobtain the remains is received.	opriate boo his or her a ining requir	c below, sign and l ge group, at least ed doses of vaccil	return this f the first do nes for this	form to child use of each worklind the child with t	vaccine has been  N ONE YEAR and
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IF THE CHILD MEETS ALL REQUIF THE CHILD DOES NOT MEET  Although the child has not recreceived. I, understand that it to notify the child care center  NOTE: Failure to stay on schedifine of \$25.00 per day of violatio  For health reasons this child sereceived)	JIREMENTS (sign at ALL REQUIREMENTS eived all required dose is my responsibility to in writing as each dose ule or report immunism.  Should not receive the dishould not be immured.	S (check the appress of vaccine for leading the remains to the characteristics) obtains to the characteristics to the characteristics of	ropriate box his or her a ining requir hild care co zations ature Requ EP 2 any in	c below, sign and inge group, at least ed doses of vaccinenter may result in Sign (List in Sign and incompanies).	return this for the first dones for this in court action.  TEP 2 any day receive	form to child use of each worth child WITHI ction agains with immunization displayed.	vaccine has been N ONE YEAR and It the parents and ons already

Date Signed