

**School District of New Berlin  
New Berlin, Wisconsin**

**INFORMATION TO PARENTS REGARDING IMMUNIZATIONS  
REQUIRED FOR SCHOOL ADMISSION**

The Wisconsin law requiring minimum immunizations prior to school admission reads as follows:

"The parent, foster parent or guardian of any child shall secure for that child the immunizations required under Section 140.95, Wisconsin Statutes, from available medical sources such as private physicians and public health agencies.

The parent, foster parent or guardian of any child planning to attend a day care center, nursery school or being admitted to a Wisconsin elementary school for the first time, shall, prior to admission, present a complete and accurate immunization history for that child on forms prescribed by the Division of Health".

Note: First time admission to an elementary school refers to children who have not previously attended a Wisconsin elementary school, (ie, kindergartners, first graders, who did not attend kindergarten, transfers from out of state through the eighth grade).

A complete and accurate immunization history includes listing of the dates (day, month and year) for each immunization and signatures as indicated on the form.

**Complete the form on the reverse side.** We suggest that you begin immediately to comply with these minimum requirements as stated on this form. Immunizations may be completed at a Waukesha County Health Department Clinic; please call (262) 896-8430 for more information, or arrangements may be made with your private physician.

**IMPORTANT: Please complete the immunization form before August 20th. Mail to the school your child will be attending or hand deliver the form to the office.**

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT		3 Polio	3 Hep B	1 MMR <sup>5</sup>	1 Var <sup>6</sup>
Grade K through 5	4 DTP/DTaP/DT/Td <sup>1</sup>		4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>
Grade 6 through 12	4 DTP/DTaP/DT/Td <sup>2</sup>	1 Tdap <sup>3</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>

***Explanation of Age/Grade Requirements:***

1. DTP/DtaP/DT vaccine for children entering kindergarten: Your child must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup>) to be compliant. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable)
2. DTP/DtaP/DT/TD vaccine for student entering grades 1 through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine.. If your child received a dose of tetanus or diphtheria containing vaccine such as Td within the past 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 student entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4<sup>th</sup> 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 1<sup>st</sup> birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

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Immunization Record

Please complete, sign and return to your child's school as soon as possible. If you have questions regarding this form, please contact the school your child attends. Age/Grade requirements and explanation on reverse side of form.

<b>Student Name</b>	<b>Date of Birth</b>	<b>School</b>	<b>Grade</b>	<b>Year</b>
<b>Parent/Guardian</b>	<b>Address</b>		<b>Telephone</b>	

**Immunization History**

Please complete this form entering the dates (month, day and year) in the appropriate boxes for each immunization received to date.

	<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Dose 4</b>	<b>Dose 5</b>
<b>DTaP/DTP/DT/Td/Tdap</b> Diphtheria-Pertussis-Tetanus (Whooping Cough-Tetanus or DT)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<b>Adolescent Booster</b> ___ Tdap or ___ Td	___/___/___				
<b>Polio (OPV/IPV)</b> Trivalent, Sabin Oral (by mouth)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<b>Hepatitis B (3 dose peds 2 dose adolescent)</b>	___/___/___	___/___/___	___/___/___		
<b>MMR</b> Measles, Mumps, Rubella	___/___/___	___/___/___	<b>Dose of Measles, Mumps and Rubella <u>must</u> be given on or after the first birthday. A dose 4 days or less before 1<sup>st</sup> birthday is acceptable.</b>		
<b>Varicella (Chickenpox) Vaccine</b>	___/___/___	___/___/___			

Varicella Vaccine is required only if your child has not had chickenpox disease.  
 Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year.  
 \_\_\_\_\_ Yes \_\_\_\_\_ year (vaccine not required)  
 \_\_\_\_\_ if No or Unsure (then Vaccine is required)

<b>W A I V E R S</b>	For medical reasons, this child should not receive the following vaccines: _____
	_____
	_____
	Physician's Signature <span style="float: right;">Date</span>
	(Note: A physician's signature is required <u>only</u> for a medical waiver.)
_____ For personal conviction reasons, this child should not be immunized.	
_____ For religious reasons this child should not be immunized.	
_____	
Parent/Guardian Signature <span style="float: right;">Date</span>	

Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.