DEPARTMENT OF HEALTH SERVICES

SIGNATURE - Parent, Guardian or Legal Custodian

Division of Public Health F-44192 (02/2023)

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 filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to

	PERSONAL DATA			PLEASE P	RINT					
1	Child's Name(Last, First, Middle Initial)				Date of Birth (Month/Day/Year)				Area Code/Telephone	
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)					Address (Street, Apartment number, City, Str			e, Zip)	
i	IMMINITATION HISTORY									
	IMMUNIZATION HISTORY List the MONTH, DAY AND YEAR the child received each of the following immunizations. If you do not have an immunization record for this chi contact your doctor or local public health department to obtain the records.									
	TYPE OF VACCINE		First Dose Month/Day/Yea	Second D ar Month/Day/		Third Dos Month/Day/Y		urth Dose n/Day/Year	Fifth Dos Month/Day/	
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT) Polio	_			_					
	Hib (Haemophilus <i>Influenzae</i> Type	B)	-							
	Pneumococcal Conjugate Vaccine (PCV)		<u> </u>			_				
	Hepatitis B	(* /								
	Measles-Mumps-Rubella (MMR)									
	Varicella (Chickenpox)									
ı	History of Varicella/Chickenpox									
	vaccine									
		s	IGNATURE - Phys	sician/PA/APNP		Date Si	gned			
١	REQUIREMENTS								•	
	The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated dates of additional required doses.									
	AGE LEVELS					BER OF DOSE				
	5 months through 15 months 16 months through 23 months	+	/DTaP/DT /DTaP/DT		Hib	2 PCV	2 Hep B	4 10453		
	2 years through 4 years		/DTaP/DT		Hib ¹	3 PCV ² 3 PCV ²	2 Hep B 3 Hep B	1 MMR ³ 1 MMR ³	1 Varicella	
-	At Kindergarten entrance		/DTaP/DT ⁴		1110	<u> </u>		2 MMR ³		
1				4 Polio			3 Hep B			
	¹ If the child began the Hib series a after, no additional doses are required first birthday is also acceptable).	uired. Mit	nonths of age, only nimum of one dose	two doses are re- must be received	l after 1	2 months of ag	eived one dose le (Note: a dos	e of Hib at 15 se four days o	months of age or less before	
	 If the child began the Hib series a after, no additional doses are required first birthday is also acceptable). If the child began the PCV series age or after, no additional doses and acceptable. 	uired. Mir at 12-23 are requir	nonths of age, only nimum of one dose months of age, onled.	two doses are remainded must be received y two doses are re-	l after 1 equired	2 months of ag	eived one dose le (Note: a dos ceived the first	e of Hib at 15 se four days of dose of PCV	months of age or less before to at 24 months	
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Date Signed