

## 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 an immunization record is not available at school or an immunization(s) is needed (see reason for noncompliance marked below) and there is no waiver on file. 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 exclusion from school, court action, and/or forfeiture penalty. If you have any questions about this notice or how to obtain the required immunizations, please contact your child's school.

**Reason for noncompliance:**

No Record

According to our school records, the following vaccines are needed:

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

<sup>1</sup> If your child has laboratory test results proving that your child is immune to measles and mumps and rubella, or has laboratory test results proving that your child is immune to hepatitis B, or has laboratory test results proving that your child is immune to varicella, provide the test results to the school. If the test results are acceptable, then your child does not need to be vaccinated for the disease(s) to which he/she is already immune.

<sup>2</sup> If your child already had chickenpox disease, varicella vaccine is not required. Answer "yes" to the chickenpox disease question on the attached Student Immunization Record and enter the date of disease, if known.

<sup>3</sup> If your child received a dose of a tetanus-containing vaccine, such as Td, within five 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