

Racine Unified School District – Student Immunization Record

2019-2020

INSTRUCTIONS TO THE PARENT/GUARDIAN: COMPLETE AND RETURN THIS FORM TO THE SCHOOL WITHIN 30 SCHOOL DAYS

State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 days of admission. These requirements can be waived only 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 reason only.

STEP 1: PERSONAL DATA PLEASE PRINT

Student's Name	Birth date (Month/Day/Year)	Gender	School	Grade	School Year
Name: Parent/Guardian/Legal Custodian	Address – Street, City, State ZIP			Telephone ()	

STEP 2: IMMUNIZATION HISTORY

List the **MONTH, DAY, AND YEAR** your child received each of the following immunizations. **DO NOT USE** a (✓) or (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
DTP/DTaP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent Booster Check (✓) appropriate box <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
POLIO					
HEPATITIS B					
MMR (Measles, Mumps, and Rubella)				Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply.) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s).	
Varicella (Chickenpox) Vaccine Vaccine is NOT required if your child had the chickenpox disease. See Below.					
Has your child had the Varicella (Chickenpox) disease? Check the correct box and give the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or unsure (Vaccine required)					

STEP 3: REQUIREMENTS

Refer to the age/grade requirements for the current school year to determine if this student meets the requirements. See back of form.

STEP 4: COMPLIANCE DATA

STUDENT MEETS ALL REQUIREMENTS – Sign Step 5 and return this form to school
----- OR -----

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 THE DISEASES OCCURS.

Although my child has **NOT** received ALL 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 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.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (Please 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 Signed**

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella Tdap

For personal conviction reasons this student should not be immunized.
 DTaP/DTP/DT/Td Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella Tdap

STEP 5: SIGNATURE

This form is complete and accurate to the best of my knowledge.

SIGNATURE – Parent/Guardian/Legal Custodian or Adult Student **Date Signed**