DEPARTMENT OF HEALTH SERVICES

PERSONAL DATA

IMMUNIZATION HISTORY

Child's Name(Last, First, Middle Initial)

Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)

Division of Public Health F-44192 (Rev. 12/2017)

STEP 1

CHILD CARE IMMUNIZATION RECORD

PLEASE PRINT

Date of Birth (Month/Day/Year)

Address (Street, Apartment number, City, State, Zip)

STATE OF WISCONSIN Wis. Stat. § 252.04

Area Code/Telephone Number

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 complete this form, please contact your child's child care provider or your local health department.

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A ($\sqrt{}$) OR (X) except to indicate whether

	First Dose Month/Day/Yea	Second Dose r Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Yea
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus Influenzae Type	B)				
Pneumococcal Conjugate Vaccine	(PCV)				
Hepatitis B					
Measles-Mumps-Rubella (MMR)				1	
Varicella (chickenpox) vaccine Vaccine is required only if the child not had chickenpox disease.	l has				
Has the child had Varicella (chic			and provide the ye	ar if known.	
☐ No or Unsure (Vaccine is requi	red)				
REQUIREMENTS					
The following are the minimum req requirements at child care entrance with dates of additional required do	e. Children who reach a n	ne child's age/grade at ew age/grade level whi	entry. All children wi le attending this chil	thin the range must m d care must have thei	neet these ir records updated
AGE LEVELS			MBER OF DOSES		
5 months through 15 months	2 DTP/DTaP/DT	2 Polio 2 Hib		Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio 3 Hib ¹ 3 Polio 3 Hib ¹		Hep B 1 MMR ³ Hep B 1 MMR ³	1 \/ariaalla
2 years through 4 years At Kindergarten entrance	4 DTP/DTaP/DT 4 DTP/DTaP/DT ⁴	3 Polio 3 Hib ¹ 4 Polio		Hep B 1 MMR ³ Hep B 2 MMR ³	
if the child began the FCV series of	at 12-23 months of age, of	nly 2 doses are required	d. If the child receive	d the first dose of PC	V at 24 months o
age or after, no additional doses a MMR vaccine must have been rec Children entering kindergarten mu	are required. belived on or after the first last have received one dose	oirthday (Note: a dose 4	days or less before	the 1 st birthday is als	o acceptable).
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