SIGNATURE - Parent, Guardian or Legal Custodian

## STATE OF WISCONSIN

Division of Public Health DPH 4192 (Rev. 02/08)

## DAY CARE IMMUNIZATION RECORD

ss. 252.04,Wis. Stats.

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

	PERSONAL DATA			PLEA	SE PRIN	Т				
EP 1	Child's Name(Last, First, Middle Init					Birth (Month	Area Code/T	elephone Number		
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)				A	Address (Street, Apartment number, City, State, Zip)				
_	IMMUNIZATION HISTORY									
P 2	List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A ( ) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.									
	TYPE OF VACCINE		First Dos Month/Day/		Second Do		Third D		Fourth Dose	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)									
	Varicella (chickenpox) vaccine Vaccine is required only if the child not had chickenpox disease.	has								
	Has the child had Varicella (chick ☐ Yes year ☐ No or Unsure (Vaccine is requir	(Va	disease? Che accine is not re		propriate l	box an	d provide t	he year if kr	nown.	
L	REQUIREMENTS									
EP 3	The following are the minimum <b>required</b> immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.									
L	AGE LEVELS							0=0		
							BER OF DO			
-	5 months through 15 months		/DTaP/DT	2 Polio		ib	2 PCV	2 Hep B		
-	5 months through 15 months 16 months through 23 months	3 DTP	/DTaP/DT	2 Polio	3 Hi	ib ib¹	2 PCV 3 PCV <sup>2</sup>	2 Hep B 2 Hep B	1 MMR <sup>3</sup>	1 Varicella
- - -	5 months through 15 months	3 DTP			3 Hi 3 Hi	ib ib¹	2 PCV	2 Hep B	1 MMR <sup>3</sup> 1 MMR <sup>3</sup> 2 MMR <sup>3</sup>	1 Varicella 2 Varicella
- - - -	5 months through 15 months 16 months through 23 months 2 years through 4 years	3 DTP. 4 DTP. 4 DTP.	/DTaP/DT /DTaP/DT /DTaP/DT <sup>4</sup> onths of age, o	2 Polio 3 Polio 4 Polio only 2 dose	3 Hi 3 Hi	ib ib ib iib ired. If	2 PCV 3 PCV <sup>2</sup> 3 PCV <sup>2</sup> the child rec	2 Hep B 2 Hep B 3 Hep B 3 Hep B ceived one d	1 MMR <sup>3</sup> 2 MMR <sup>3</sup> lose of Hib at 15	2 Varicella months of age or
	5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance  1 If the child began the Hib series at after, no additional doses are requ	3 DTP. 4 DTP. 4 DTP. 12-14 maired. Mir	/DTaP/DT /DTaP/DT /DTaP/DT <sup>4</sup> onths of age, chimum of one commonths of age.	2 Polio 3 Polio 4 Polio only 2 dose dose must	3 Hi 3 Hi es are requi be received	ib ib ib ib ired. If d after	2 PCV 3 PCV <sup>2</sup> 3 PCV <sup>2</sup> the child red 12 months of	2 Hep B 2 Hep B 3 Hep B 3 Hep B ceived one dof age (Note:	1 MMR <sup>3</sup> 2 MMR <sup>3</sup> lose of Hib at 15 a dose 4 days of	2 Varicella months of age or r less before the
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