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Date: July 2018

To: Wisconsin School Administrators, School Nurses, and School Immunization Compliance Managers

Cc: Local Health Departments and the Wisconsin Department of Public Instruction

From: Stephanie Schauer, PhD, 
Immunization Program Manager

Re: Assessing and ensuring compliance with the Student Immunization Law, Fall 2018

Thank you for your partnership with assessing and ensuring compliance with the Wisconsin student immunization law. Every school is required by Wisconsin law ([Wis. Admin. Code ch. DHS 144](#)) to submit the report to the local health department by the deadline. Failure to do so will result in the mandatory exclusion of non-compliant children in the subsequent school year (see the booklet for further details). If you need assistance with this process, please reach out to your local public health agency for guidance. We also strongly encourage you to participate in the webinar mentioned below, as this will provide information about the process and provide an opportunity to ask questions.

A number of changes were made in the past two years in an effort to create a more streamlined, clear process. A few reminders of these changes are outlined below:

- 1) **The school booklet materials are online only.** Booklets are no longer mailed to schools. Instead, please [visit the DHS website to download the materials](#).
- 2) **Instructions for schools include a timeline of required school actions and a flowchart.**
- 3) **School compliance results from the previous school year are available online.** Schools and districts should review their compliance results from the previous school year using the links below. Public school districts and private schools with less than 99.00% of students in compliance during the previous school year are required to exclude noncompliant students during this coming school year.
 - View [public district](#) compliance results for 2017–2018.
 - View [private school](#) compliance results for 2017–2018.

On August 23, 2018 at 1 p.m., the Department of Health Services and DPI will host a webinar to discuss these changes in more detail. **Please join us** for the [2018 School Immunization Webinar](#).

We thank you for your continued efforts to ensure all school children in Wisconsin are protected against vaccine-preventable diseases. We look forward to a continued partnership with you. If you have questions, please contact your [local health department](#) or your [regional immunization representative](#).

Chapter DHS 144

IMMUNIZATION OF STUDENTS

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Note: Chapter H 44 as it existed on June 30, 1981, was repealed and a new chapter HSS 144 was created, effective July 1, 1981. Chapter HSS 144 was renumbered chapter HFS 144 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 1., 6. and 7., Stats., Register, June, 1997, No. 498. Chapter HFS 144 was renumbered chapter DHS 144 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 144.01 Introduction. (1) PURPOSE AND AUTHORITY. The purpose of immunization is to prevent disease and suffering and any permanent disability resulting from the disease. These rules implement s. 252.04, Stats., which as public policy seeks to identify and immunize those students who are still susceptible to measles, mumps, rubella, polio, hepatitis B, varicella, diphtheria, tetanus and pertussis upon admission to an elementary, middle, junior or senior high school or a day care center, or Haemophilus influenzae b and pneumococcal infection upon admission to a day care center, in order to prevent transmission of these diseases.

(2) RELATIONSHIP TO INFANT AND PRESCHOOL IMMUNIZATION SCHEDULES. The emphasis placed in this chapter on meeting minimum immunization requirements upon entry to Wisconsin schools at any grade level or to a day care center complements efforts by the department to promote early immunization of infants and preschoolers according to accepted immunization schedules. Children immunized according to accepted immunization schedules will exceed the minimum requirements set forth herein for all ages and grades.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (1), Register, June, 1988, No. 390, eff. 7-1-88; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. (1), Register, June, 1997, No. 498, eff. 7-1-97; am. (1), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (1) Register February 2008 No. 626, eff. 3-1-08.

DHS 144.02 Definitions. (1) “Day care center” has the meaning prescribed in s. 48.65, Stats., and includes nursery schools that fit that definition.

(2) “Department” means the Wisconsin department of health services unless otherwise specified.

(3) “DTP/DTaP/DT/Td/Tdap” means any combination of diphtheria, tetanus, and pertussis vaccine; diphtheria, tetanus and acellular pertussis vaccine; pediatric type diphtheria and tetanus vaccine; adult type tetanus and diphtheria vaccine; or tetanus, reduced diphtheria and acellular pertussis vaccine.

(3g) “Hib” means Haemophilus influenzae type b vaccine.

(3m) “Hep B” means hepatitis B vaccine.

(3r) “Immunization” means the process of inducing immunity artificially by administering an immunobiologic.

(4) “Local health department” means any agency specified in s. 250.01 (4), Stats.

(4m) “MMR” means measles, mumps and rubella vaccine administered in combination or as separate vaccines.

(5) “Municipality” means any town, village, city or county.

(6) “Parent” means the parent, parents, guardian or legal custodian of any minor student.

(6m) “PCV” means pneumococcal conjugate vaccine.

(7) “Physician” means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board under s. 448.05

(2), Stats., and holding a license granted by the medical examining board under s. 448.06, Stats.

(8) “School” means any public or private elementary, middle, junior or senior high school, which provides educational instruction to students in any grade kindergarten through 12, or in an ungraded educational setting, or to preschool children enrolled in early childhood programs.

(9) “School day” in reference to schools has the meaning prescribed in s. 115.01 (10), Stats. A school day for a day care center is any day that the center is open and caring for children.

(10) “Student” means any individual enrolled in a school or day care center or attending a school or day care center.

(11) “Subsided” in reference to substantial outbreak means passage of 2 incubation periods for the disease causing the outbreak without additional cases unless a shorter period of time is judged adequate by the department.

(12) “Substantial outbreak” means an occurrence of a vaccine-preventable disease covered by s. 252.04, Stats., in a given school, day care center or municipality with an incidence exceeding one of the following:

(a) For substantial outbreaks in a municipality, twice the incidence of that disease in the nation as a whole.

(b) For substantial outbreaks in a school or day care center population, the following absolute limits:

1. Measles, one case.
2. Mumps, 2% of the unvaccinated population.
3. Rubella, one case.
4. Polio, one case.
5. Pertussis, 2 cases in a 30-day period.
6. Diphtheria, one case.
7. Haemophilus influenzae b, one case in a day care center population.

(13) “Vaccine provider” means a health care facility, as defined in s. 155.01 (6), Stats., which administers vaccines, or a local health department or a physician’s office which administers vaccines.

(13m) “Var” means varicella vaccine. Varicella is commonly known as chickenpox.

(14) “Written evidence of immunization” means a paper or an electronic record of at least the month and year that each required dose of vaccine was administered or the results of a laboratory test indicating immunity to the disease. Students who have not previously attended a Wisconsin school must provide the month, day and year for each required dose of vaccine.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; r. and recr. (12) (b), Register, June, 1988, No. 390, eff. 7-1-88; correction in (12) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. (3), cr. (3g), (3m), (3r), (4m) and (13), r. and recr. (4), (6), (7) and (12), renum. (13) to be (14), Register, June, 1997, No. 498, eff. 7-1-97; cr. (13m), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (3) and (14), cr. (6m) Register February 2008 No. 626, eff. 3-1-08; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register January 2009 No. 637.

DHS 144.03 Minimum immunization requirements.

(1) INDIVIDUALS INCLUDED. The minimum immunization requirements authorized by s. 252.04, Stats., apply to any student

admitted to a Wisconsin elementary, middle, junior or senior high school or to a Wisconsin day care center.

(2) REQUIREMENTS FOR THE 2008–09 SCHOOL YEAR AND FOR SCHOOL YEARS FOLLOWING THE 2008–09 SCHOOL YEAR. (a) Table DHS 144.03–A as qualified by pars. (b) to (g) lists the number of doses of each required vaccine that each student in the 2008–09 school year and following school years shall have received since birth for the age or grade of the student. These comprise the mini-

mum basic and booster immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations for those individuals who begin immunizations in infancy and follow currently accepted immunization schedules.

(b) Immunization against measles, mumps and rubella shall have been received on or after the date of the first birthday. A dose received 4 days or less before the first birthday is acceptable.

Table 144.03–A
Required Immunizations for the 2008–09 School Year and
the Following School Years

Age/Grade	Required Immunizations (Number of Doses)					
5 months through 15 months	2 DTP/DTaP/DT		2 Polio		2 Hep B	2 Hib 2 PCV ⁵
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR	2 Hep B	3 Hib ⁴ 3 PCV ⁵
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B 3 Hib ⁴ 3 PCV ⁵
Kindergarten through grade 5	4 DTP/DTaP/DT/Td ¹		4 Polio	2 MMR	2 Var ³	3 Hep B
Grade 6 through grade 8	4 DTP/DTaP/DT/Td	1 Tdap ²	4 Polio	2 MMR	2 Var ³	3 Hep B
Grade 9 through grade 12	4 DTP/DTaP/DT/Td	1 Tdap ²	4 Polio	2 MMR	2 Var ³	3 Hep B

¹ For kindergarten only, at least one dose to be received after 4 years of age unless medically contraindicated. A dose received 4 days or less before the fourth birthday is acceptable.

² A single dose, booster immunization against tetanus, diphtheria and pertussis is required on entrance to grades 6, 9 and 12, beginning with the 2008–09 school year. See sub. (3) for phase-in of other grades.

³ Two doses of Var vaccine are required on entrance to grades K, 6 and 12, beginning with the 2008–09 school year. See sub. (3m) for phase-in of other grades.

⁴ At least one dose to be received after 12 months of age unless medically contraindicated. A dose received 4 days or less before the first birthday is acceptable.

⁵ Required on entrance to a day care center, beginning with the 2008–09 school year.

(c) Exceptions may be made in requirements for the fourth dose of DTP/DT/DTaP/Td vaccine and the fourth dose of polio vaccine. Students who receive the third dose of either of these vaccines after their fourth birthday are not required to receive a fourth dose of that vaccine. A dose received 4 days or less before the 4th birthday is acceptable.

(d) For students in ungraded schools or students age 5 or older in day care centers, the immunization requirements are those for the grade which would normally correspond to the individual's age. Immunization against measles, mumps and rubella is also required for all students age 19 or older.

(e) Exceptions may be made in requirements for Hib vaccine. Students who began the Hib series at 12 to 14 months are only required to receive 2 doses at least 2 months apart. Students who received one dose of Hib at 15 months of age or after are not required to obtain additional doses. A dose received 4 days or less before 15 months of age is acceptable.

(f) Exceptions may be made in requirements for Var vaccine. Students who have a reliable history of varicella disease are not required to receive Var vaccine. A parent of a minor student or an adult student may indicate a reliable history of varicella by signing a statement that the student has had varicella disease.

(g) Exceptions may be made in requirements for the third dose of Hep B vaccine. Students who receive two doses of a licensed two-dose formulation of Hep B vaccine are not required to receive a third dose of Hep B vaccine.

(h) Exceptions may be made in requirements for PCV. Students who begin the PCV series at 12 to 23 months of age are only required to receive 2 doses at least 2 months apart. Students who receive their first dose of PCV at 24 months of age or after are not required to obtain additional doses. A dose received 4 days or less before 24 months of age is acceptable.

(i) Exceptions may be made in requirements for Tdap vaccine. Students who received a dose of tetanus or diphtheria containing vaccine within 5 years of entering a grade for which Tdap is required are not required to receive Tdap vaccine.

(3) TDAP VACCINE COVERAGE PHASE-IN. (a) Beginning with the 2008–09 school year, students entering grades 6, 9 and 12 shall have received Tdap vaccine in addition to the other required vaccines listed in Table DHS 144.03–A as qualified by sub. (2) (b) to (i).

(b) For the 2009–10 school year, the requirements for Tdap vaccine listed in par. (a) that apply to students in grades 6, 9 and 12 shall apply to students in grades 6, 7, 9, 10 and 12; and to students in grades 6 through 12 in 2010–11 and thereafter.

(3m) VAR VACCINE COVERAGE PHASE-IN. (a) Beginning with the 2008–09 school year, students entering grades K, 6 and 12 shall have received two doses of Var vaccine in addition to the other required vaccines listed in Table DHS 144.03–A as qualified by sub. (2) (b) to (i).

(b) For the 2009–10 school year, the requirements for two doses of Var vaccine listed in par. (a) that apply to students in

grades K, 6 and 12 shall apply to students in grades K, 1, 6, 7 and 12; to students in grades K through 2, 6 through 8 and 12 in 2010–11; to students in grades K through 3, 6 through 9 and 12 in 2011–12; to students in grades K through 4, 6 through 10 and 12 in 2012–13; and to students in grades K through 12 in 2013–14 and thereafter.

(4) **FIRST DEADLINE.** Within 30 school days after having been admitted to a school or day care center, each student who has not filed a waiver form shall submit written evidence of having completed at least the first dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03–A.

(5) **SECOND DEADLINE.** Within 90 school days after having been admitted to a school or day care center, each student who has not filed a waiver form shall submit written evidence of having received the second dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03–A.

(6) **FINAL DEADLINE.** Within 30 school days after having been admitted to a school or day care center for the following school year, each student who has not filed a waiver form shall submit written evidence of having received the third and, if required, the fourth dose of both DTP/DTaP/DT/Td and polio vaccines and the final dose of Hep B in grades required under sub. (3) and, for students in day care centers, the final dose of Hib vaccine, if a dose has not been received at or after 15 months of age.

(7) **RECORDS OF VACCINATION.** Any person who immunizes a student under s. 252.04, Stats., shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the student.

(10) **RELEASE OF IMMUNIZATION INFORMATION.** (a) *Between vaccine providers and schools or day care centers.* Vaccine providers shall disclose a student's immunization information, including the student's name, date of birth and gender and the day, month, year and name of vaccine administered, to a school or day care center upon written or verbal request from the school or day care center. Written or verbal permission from a student or parent is not required to release this information to a school or day care center.

(b) *Among vaccine providers.* Immunization information, including the student's name, date of birth and gender and the day, month, year and name of vaccine administered, shall be provided by one vaccine provider to another without written or verbal permission from the student or the parent.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; r. and recr. (2) and (3), am. (4) to (6), Register, June, 1988, No. 390, eff. 7–1–88; am. (2) (a) to (d), (3) (a) and (b), r. (2) (e), Register, January, 1989, No. 397, eff. 2–1–89; am. (2) (a), (4) and (5), r. and recr. (3), tables 144.03–A and B, Register, July, 1990, No. 415, eff. 8–1–90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. (2) (a), Table 144.03–A and (3), am. (2) (c) and (4) to (7), cr. (2) (e) and (10), r. Table 144.03–B, Register, June, 1997, No. 498, eff. 7–1–97; r. and recr. (2) (a) and Table 144.03–A, cr. (2) (f), (g) and (3m), am. (3) (a) and (6), Register, May, 2001, No. 545, eff. 6–1–01; CR 03–033; am. (2) (b), (c), (e) and Table 144.03–A Register December 2003 No. 576, eff. 1–1–04; CR 07–077; r. and recr. (2) (a), (f), (3), (3m) and Table–A, cr. (2) (h) and (i), am. (10) (a) and (b) Register February 2008 No. 626, eff. 3–1–08.

DHS 144.04 Waiver for health reasons. Upon certification by a licensed physician that an immunization required under s. 252.04, Stats., is or may be harmful to the health of a student, the requirements for that immunization shall be waived by the department. Written evidence of any required immunization which the student has previously received shall be submitted to the school or day care center with the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476.

DHS 144.05 Waiver for reason of religious or personal conviction. Immunization requirements under s. 252.04, Stats., shall be waived by the department upon presentation of a signed statement by the parent of a minor student or by the adult student which declares an objection to immunization on religious or personal conviction grounds. Written evidence of any required

immunization which the student has previously received shall be submitted to the school or day care center with the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7–1–97.

DHS 144.06 Responsibilities of parents and adult students. The parent of any minor student or the student, if an adult, shall secure the immunizations required under s. 252.04, Stats., from available health care sources such as physicians' offices, hospitals or local health departments, or shall submit the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7–1–97.

DHS 144.07 Responsibilities of schools and day care centers. (1) The responsibilities of schools under these rules shall be those of the local school board and the school administrator. The licensee for each day care center shall be responsible for compliance with these rules. The school or day care center shall assure compliance with s. 252.04 (2), Stats.

(1m) By the 15th school day after a child or adult is admitted to a school or day care center and again by the 25th school day after a child or adult is admitted to a school or day care center, the school or day care center shall notify the adult student or the parent of any minor student who has not submitted either written evidence of immunization or a waiver form. Notification shall include instructions for complying with the requirements of s. 252.04 (2), Stats., including a list of missing immunizations, the availability of waivers for reasons of health, religion or personal conviction, and an explanation of the penalty for noncompliance.

(2) For any student who has received the first dose of each immunization required for that student's age or grade under s. DHS 144.03, but who has not received all of the required doses, the school shall obtain written evidence that the student has received the required subsequent doses of immunization as they are administered, but no later than the deadlines described in s. DHS 144.03.

(3) If any minor student for whom a waiver form is not filed fails to comply with the immunization requirements described in s. DHS 144.03 by the date of admission to the school or day care center, the school or day care center shall, within 60 school days of that failure to comply, notify the district attorney in writing, with the notice to include the student's name and the name and address of the student's parent, and request the district attorney to seek a court order under s. 48.13 (13), Stats. The school or day care center shall keep the district attorney apprised of the subsequent compliance of a student initially reported to the district attorney.

(4) (a) The school shall report to the local health department and the day care center shall report to both the local health department and the department:

1. The degree of compliance with s. 252.04, Stats., and this chapter by students in that school or day care center.

2. The name and immunization history of any incompletely immunized student, including those students with waivers and those students in the process of being immunized.

(b) These reports shall be in a format prescribed by the department and shall be made by schools within 40 school days after the beginning of the term and by day care centers at intervals prescribed by the department. Updated reports shall be filed by the school on students who are in the process of being immunized. These updated reports shall be filed within 10 school days after the deadlines listed in s. DHS 144.03.

(5) The school and the day care center shall maintain on file the immunization history for each student and any waiver form submitted. Immunization histories shall be updated with information supplied by the local health department, parents or private physicians.

(6) The school or day care center shall maintain a current roster listing the name and immunization history of each student who does not meet all immunization requirements for that student's grade or age.

(7) The immunization record of any new student who transfers from one school or day care center to another shall be forwarded to the new school or day care center within 10 school days of the request for record transfer. The records of a day care student shall be transferred to a school if requested by either the admitting school or the parent.

(8) All suspected cases of diseases covered by s. 252.04 (2), Stats., or this chapter which occur among students or staff shall be reported immediately by telephone to the local health department.

(9) If one of the diseases covered by s. 252.04 (2), Stats., or this chapter occurs in a student or staff member, the school or day care center shall assist the local health department and the department in immediately identifying any unimmunized students, notifying their parents of the possible exposure and facilitating the disease control activities.

(10) If a substantial outbreak as defined in s. DHS 144.02 (12) occurs in a school or day care center, or in the municipality in which a school or day care center is located, the school or day care center shall exclude students who have not received all required immunizations against the disease, including students in all grades who have not had 2 doses of measles vaccine when it is an outbreak of measles that is occurring, when ordered to do so by the department. The exclusion shall last until the student is immunized or until the department determines that the outbreak has subsided.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (10), Register, July, 1990, No. 415, eff. 8-1-90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; renum. (intro.) and (1) to be (1) and (1m) and am. (1m), am. (3), (4) (intro.), (a), (5) and (7) to (9), Register, June, 1997, No. 498, eff. 7-1-97.

DHS 144.08 Responsibilities of local health departments. (1) Each local health department shall make available the immunizations required under s. 252.04 (2), Stats., insofar as the vaccine is available without charge from the department under ch. DHS 146. Vaccines made available free from the department under ch. DHS 146 shall be administered without charge for the cost of the biologic. By mutual agreement, responsibility for making the needed immunizations available may be transferred from the local health department to a school or day care center.

(2) By November 15 of each year, each local health department shall report to the department statistical information concerning the degree of compliance with s. 252.04, Stats., of students within its service area. These reports shall be on a form prescribed by the department.

(3) The local health department shall assist the department in informing schools and day care centers of the provisions of s. 252.04, Stats., and this chapter.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; corrections in (1) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 144.09 Responsibilities of the department.

(1) (a) The department, in cooperation with local boards of health and health officers, local school boards and school and day care center administrators and other agencies, as appropriate, shall provide guidance to parents, physicians, schools and day care centers and local health departments in understanding the minimum immunization requirements under s. 252.04, Stats., and this chapter, the reasons behind their establishment and the process for implementing them.

(b) The department shall undertake a public education campaign to inform parents of students about requirements and rights under s. 252.04, Stats., and this chapter.

(c) The department shall prepare the reporting and waiver forms required under this chapter, and shall make copies of those forms available without charge.

Note: For copies of required reporting and waiver forms, write Immunization Program, Division of Health, P.O. Box 309, Madison, WI 53707-0309.

(d) The department may temporarily suspend an immunization requirement if the department determines that the supply of a necessary vaccine is inadequate.

(2) The department shall maintain a surveillance system designed to detect occurrences of vaccine-preventable diseases listed in s. 252.04 (2), Stats., and this chapter and shall investigate outbreaks of these diseases to confirm the diagnosis, determine the source and probable pattern of spread of the infection and guide implementation of appropriate control measures.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. Register, June, 1997, No. 498, eff. 7-1-97; CR 07-077: cr. (1) (d) Register February 2008 No. 626, eff. 3-1-08.

WISCONSIN STATUTES
CHAPTER 252
COMMUNICABLE DISEASES

252.04 Immunization program. (1) The department shall carry out a statewide immunization program to eliminate mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis and other diseases that the department specifies by rule, and to protect against tetanus. Any person who immunizes an individual under this section shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the individual. These records shall be available to the individual or, if the individual is a minor, to his or her parent, guardian or legal custodian upon request.

(2) Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

(3) The immunization requirement is waived if the student, if an adult, or the student's parent, guardian, or legal custodian submits a written statement to the school, child care center, or nursery school objecting to the immunization for reasons of health, religion, or personal conviction. At the time any school, child care center, or nursery school notifies a student, parent, guardian, or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under this subsection.

(4) The student, if an adult, or the student's parent, guardian, or legal custodian shall keep the school, child care center, or nursery school informed of the student's compliance with the immunization schedule.

(5) (a) By the 15th and the 25th school day after the date on which the student is admitted to a school, child care center, or nursery school, the school, child care center, or nursery school shall notify in writing any adult student or the parent, guardian, or legal custodian of any minor student who has not met the immunization or waiver requirements of this section. The notices shall cite the terms of those requirements and shall state that court action and forfeiture penalty could result due to noncompliance. The notices shall also explain the reasons for the immunization requirements and include information on how and where to obtain the required immunizations.

(b) 1. A school, child care center, or nursery school may exclude from the school, child care center, or nursery school any student who fails to satisfy the requirements of sub. (2).

2. Beginning on July 1, 1993, if the department determines that fewer than 98% of the students in a child care center, nursery school, or school district who are subject to the requirements of sub. (2) have complied with sub. (2), the child care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. (2) and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2).

3. Beginning on July 1, 1995, if the department determines that fewer than 99% of the students in a child care center, nursery school, or school district who are subject to the requirements of sub. (2) have complied with sub. (2), the child care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. (2) and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2).

4. No student may be excluded from public school under this paragraph for more than 10 consecutive school days unless, prior to the 11th consecutive school day of exclusion, the school board provides the student and the student's parent, guardian or legal custodian with an additional notice, a hearing and the opportunity to appeal the exclusion, as provided under s. 120.13 (1) (c) 3.

(6) The school, child care center, or nursery school shall notify the district attorney of the county in which the student resides of any minor student who fails to present written evidence of completed immunizations or a written waiver under sub. (3) within 60 school days after being admitted to the school, child care center, or nursery school. The district attorney shall petition the court exercising jurisdiction under chs. 48 and 938 for an order directing that the student be in compliance with the requirements of this section. If the court grants the petition, the court may specify the date by which a written waiver shall be submitted under sub. (3) or may specify the terms of the immunization schedule. The court may require an adult student or the parent, guardian, or legal custodian of a minor student who refuses to submit a written waiver by the specified date or meet the terms of the immunization schedule to forfeit not more than \$25 per day of violation.

(7) If an emergency arises, consisting of a substantial outbreak as determined by the department by rule of one of the diseases specified in sub. (2) at a school or in the municipality in which the school is located, the department may order the school to exclude students who are not immunized until the outbreak subsides.

(8) The department shall provide the vaccines without charge, if federal or state funds are available for the vaccines, upon request of a school district or a local health department. The department shall provide the necessary professional consultant services to carry out an immunization program, under the requirements of sub. (9), in the jurisdiction of the requesting local health department. Persons immunized may not be charged for vaccines furnished by the department.

(9) (a) An immunization program under sub. (8) shall be supervised by a physician, selected by the school district or local health department, who shall issue written orders for the administration of immunizations that are in accordance with written protocols issued by the department.

(b) If the physician under par. (a) is not an employee of the county, city, village or school district, receives no compensation for his or her services under par. (a) and acts under par. (a) in accordance with written protocols issued by the department, he or she is a state agent of the department for the purposes of ss. 165.25 (6), 893.82 (3) and 895.46.

(c) The department may disapprove the selection made under par. (a) or may require the removal of a physician selected.

(10) The department shall, by rule, prescribe the mechanisms for implementing and monitoring compliance with this section. The department shall prescribe, by rule, the form that any person immunizing a student shall provide to the student under sub. (1).

(11) Annually, by July 1, the department shall submit a report to the legislature under s.13.172(3) on the success of the statewide immunization program under this section.

History: 1993 a. 27 ss. 181, 470; 1995 a. 32, 77, 222; 2009 a. 185.

Published: July 30, 1975

Amended: May 20, 1980, April 26, 1982, May 16, 1988, May 3, 1990, May 1, 1992, April 16, 1996, June 1997, May 2001, August 2003, February 2008

Wisconsin Student Immunization Law Timeline: Actions Required of Schools

School Day	School Actions	Forms and Resources
1 st	Admission to School	
1 st - 14 th	Assess Compliance Schools assess compliance for all students, paying particular attention to students who: <ul style="list-style-type: none"> • Are new to the school. • Are entering grades with new requirements.(Kindergarten, 6th grade) • Were 'In Process' last school year. • Were noncompliant last school year. 	Schools can look up student immunization histories in the Wisconsin Immunization Registry . Use the Flow Chart and compliance definitions on page 2 of form F-04002 to determine a student's compliance category.
15 th	First Legal Notice^a Schools send the First Legal Notice and the Student Immunization Record, F-04020L to parents of students who are behind schedule or have no record.	Legal Notice (F-44001) English Spanish Hmong Somali Student Immunization Record (F-04020L) English Spanish Hmong Somali
25 th	Second Legal Notice^b Schools send the Second Legal Notice and the Student Immunization Record, F-04020L to parents of students who are behind schedule or have no record. Schools also send the Notice of Exclusion^c if the school is required to or chooses to exclude noncompliant students.	Legal Notice (F-44001) English Spanish Hmong Somali Student Immunization Record (F-04020L) English Spanish Hmong Somali Notice of Exclusion English Spanish Hmong Somali
30 th	First Deadline: Exclusion Schools determine which students are noncompliant ^d and exclude noncompliant students in Kindergarten through Grade 5, starting on the 31 st school day, if one of the following is true: <ul style="list-style-type: none"> • The school is a public school and the school district's compliance level from the previous school year was less than 99%. • The school is a private school and the school's compliance level from the previous school year was less than 99%. Exclusion is optional for grades 6-12 and for schools that met the 99% compliance level in the previous year.	Compliance results from previous school year Public school districts Private schools
40 th	School Report to Local Health Department Start Noncompliance Roster Schools send the School Report to the Local Health Department with the aggregate data. Schools generate Noncompliance Roster and keep it on file at school. Note: the information on the School Report to Local Health Department is used to determine a school's compliance level and whether a school/district will need to exclude students on the 31 th day of the next school year.	School Report to Local Health Department F-04002 Noncompliance Roster F-01580
90 th	Second Deadline Schools add noncompliant ^d students to the Noncompliance Roster . <i>Optional:</i> Schools may send reminder letters to parents of students who are 'In Process' and parents of students who are noncompliant ^d .	90 th day letter-In Process English Spanish Hmong Somali 90 th day letter-Not Compliant English Spanish Hmong Somali
At any time	Educational materials <i>Optional:</i> Schools may send educational materials to students' families.	Tdap Fact Sheet English Spanish Hmong Somali Vaccine recommended at ages 11-12 English Spanish Hmong Somali

Footnotes

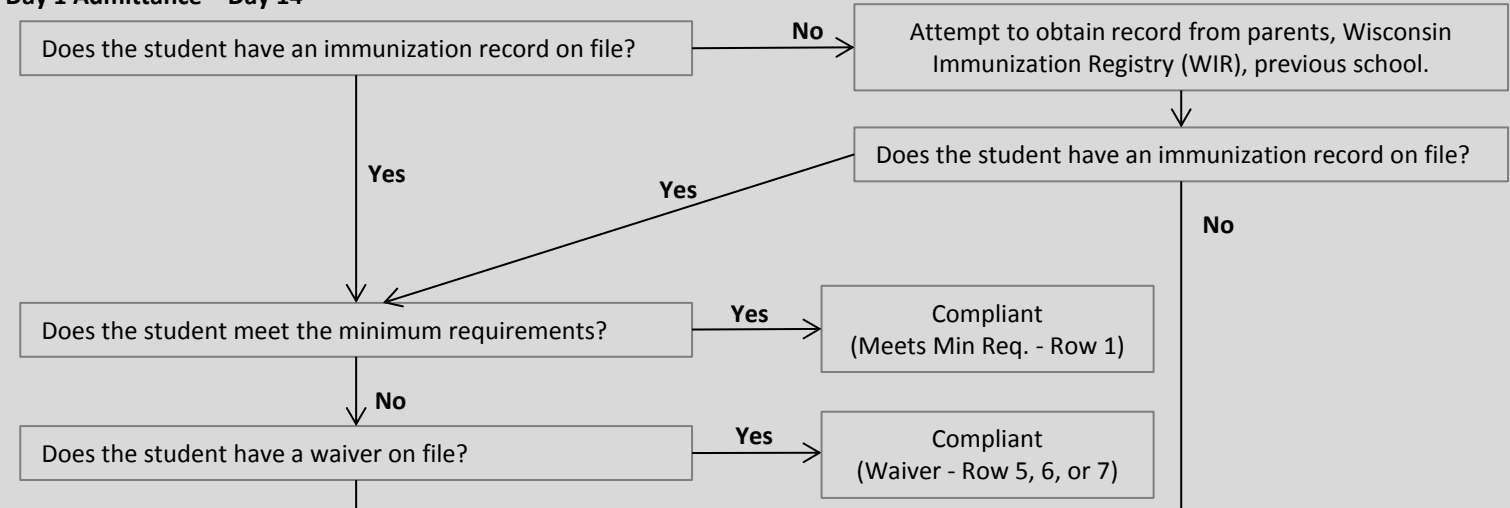
^a Schools should send the First Legal Notice by the 15th school day to parents of students who are behind schedule or have no record on file. The first notice should include the 30th school day deadline date inserted in the first paragraph in the space provided. The signature line should be completed with the "date sent" filled in. A blank Student Immunization Record should be attached so the parent can return the required information.

^b The Second Legal Notice should be sent to students who remain noncompliant after the first notice. The second notice should be sent by the 25th school day and should include the same information as the first notice with a new "date sent" filled in on the signature line.

^c The Notice of Exclusion should be sent if your school chooses to exclude the noncompliant student or if your school is required to exclude noncompliant students because the compliance level of your school/school district was less than 99% during the previous school year. The exclusion date would be the 31st school day from the beginning of admission to school, and that date should be inserted on the Notice of Exclusion.

^d Noncompliant students include students who are behind schedule or have no record, and have no waiver on file. Noncompliant students should be recorded on the Noncompliance Roster and should be reassessed next year.

Day 1 Admittance – Day 14



Day 15

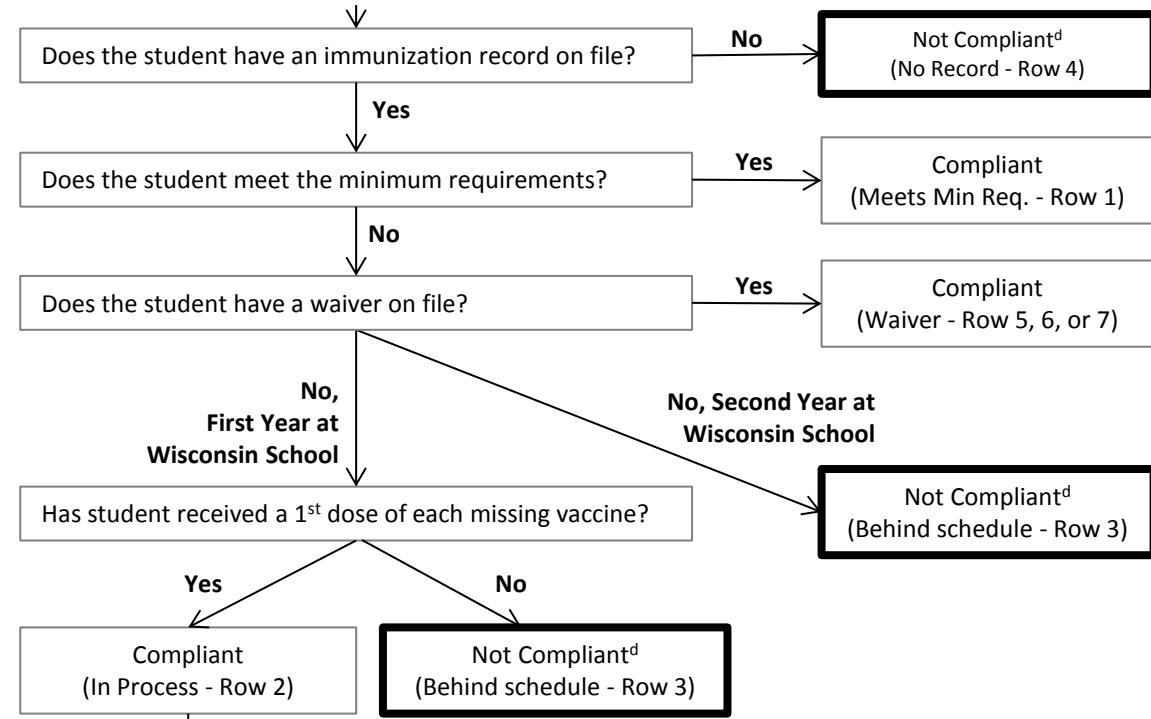
Send First^a Legal Notice.

Day 25

Send Second^b Legal Notice to students who remain noncompliant.

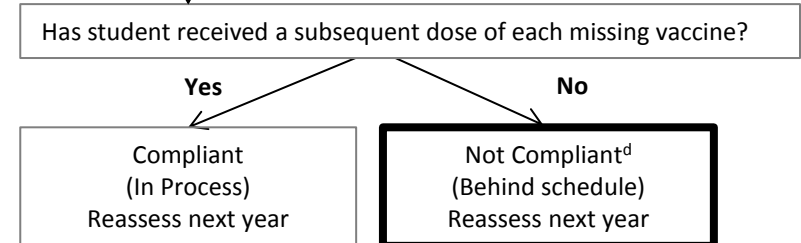
Send Notice of Exclusion^c, if school is required to or chooses to exclude.

Day 30: Determine which students are noncompliant and prepare to exclude, if required or choose to exclude.



Day 40: School Report to the Local Health Department, Start Noncompliance Roster

Day 90



Note: The row number (1-7) refers to the row number on the School Report to Local Health Department (F-04002) where the student should be reported.



IMMUNIZATION LAW CLARIFICATION

Exclusion: Every year schools are required to assess all students' immunization records to determine compliance with the Wisconsin Student Immunization Law, as described in the Wisconsin Student Immunization Law Timeline: Actions Required of Schools (P-01442). Students have until the 30th school day to provide the appropriate documentation of immunization or a signed waiver. Starting on the 31st school day, noncompliant students in kindergarten through grade 5 must be excluded from school if one of the following is true about the school:

- The school is a public school and the school district's compliance level from the previous school year was less than 99%.
- The school is a private school and the school's compliance level from the previous school year was less than 99%.

Exclusion is optional for grades 6 through 12 and for schools that met the 99% compliance level in the previous year.

STUDENTS AND SCHOOLS

Kindergarten: Kindergarten is typically for children ages five to six and is the grade prior to grade 1. On the School Report to Local Health Department form, [F-04002](#), results for kindergarten students are reported separately (in Column A) and again combined with all students (in Column B) to assess compliance specifically among children at the age of school entry into Kindergarten. Kindergarten is considered the first year of school even if the student attended a pre-K class.

4K Kindergarten, 3K Kindergarten, Early Childhood: The vaccine requirements of the Wisconsin Student Immunization Law are not grade-specific for children enrolled in 4K kindergarten, 3K kindergarten, and early childhood programs. The law requires specific doses of vaccines for children ages 2 through 4. The vaccine requirements and timeline for when they are to be met should begin when the child enters school for the first time. Compliance information for these children should be included in the "All students enrolled at this school" section (Column B) of the School Report to the Local Health Department form, [F-04002](#). Exclusion of noncompliant students in 4K, 3K, and early childhood programs is optional. Children five years of age and older attending a Pre-K class should be assessed using the requirements for kindergarten through grade 5.

School Assessment vs. Child Care Assessment: The school assessment measures compliance with the Wisconsin Student Immunization Law among children enrolled in school, including children enrolled in early childhood, 3K, and 4K programs, and kindergarten through grade 12. Students enrolled in early childhood, 3K, or 4K programs within a school should be reported on the School Report to Local Health Department form, [F-04002](#).

The Wisconsin Student Immunization Law also requires that licensed Wisconsin child care centers assess and report the immunization status of children enrolled in licensed child care centers. The assessment of the immunization status of children enrolled in licensed child care centers is separate from the assessment of children enrolled in school. If a licensed child care center is located in a school, the child care center will be assessed separately from the school by the Wisconsin Department of Health Services. The child care assessment is typically done in late winter or early spring through a separate, direct mailing. It is possible that some children will be assessed twice in the same school year: once as the student in a school and again as an attendee of a licensed child care.

Charter Schools: The Wisconsin Student Immunization Law applies equally to all of the following: public schools, private schools, charter schools, and non-charter schools.

Homeschooled Children: The Wisconsin Student Immunization Law does not cover homeschooled children unless they enroll in any class or grade in a Wisconsin public or private school. If the child is enrolled for the first time, he or she should be handled like any other first-time enrollee and allowed to be “in process” if all vaccines have not already been administered. If that child leaves the Wisconsin school and later re-enrolls, that child would be considered “behind schedule” if all required vaccines have not been administered.

"Off-campus" Students: For the purpose of this immunization assessment, students who are officially enrolled in a school but spend time away from that school should be counted in the school where they are officially enrolled. This would include students in group educational settings and alternative schools.

Virtual or Online Schools: Wisconsin students who attend virtual or online schools only and do not attend any classes or participate in extracurricular activities at a brick and mortar school are not subject to the student immunization law. However, students who attend virtual or online schools, and also attend a brick and mortar school for coursework or extracurricular activities are considered admitted to the brick and mortar school and subject to the student immunization law requirements.

IMMUNIZATION RECORDS

Transfer Student Records: For students who transfer from one Wisconsin school to another, schools must transfer the record to the new school within 10 school days of the records request per Wis. Admin. Code § DHS 144.07(7)

Immunization Records: Written evidence of immunization can be supplied on either the Student Immunization Record form, [F-04020L](#), or an electronic immunization record, such as a printout from the Wisconsin Immunization Registry (WIR). Parents who choose to waive an immunization are required to sign a waiver on the Student Immunization Record form, [F-04020L](#) and list the dates (month, day, year) of all of the vaccines the child has received. Alternatively, if [F-04020L](#) is not used, the parent should provide documentation of all of the vaccines received, the dates (month, day, year) the vaccines were received, the specific vaccines that are being waived, the type of waiver, the date of the waiver, and the parent name and signature.

Immunization Records Retention: The Student Immunization Record form, [F-04020L](#) is part of a student’s progress record and, as such, should be maintained for at least five years after the student ceases to be enrolled at the school per Wis. Stat. § 118.125(3).

WIR Records—Heath Care Provider vs. School: The Wisconsin Student Immunization Law requires students to have a minimum number of doses of vaccine. For some vaccines, the Advisory Committee on Immunization Practices (ACIP), the committee that makes recommendations for vaccine use in the United States, recommends that children receive more doses than are required by the Wisconsin Student Immunization Law. The school WIR record may indicate that a student is compliant with the law; however, that same student may need further immunizations based on the WIR record of the student’s health care provider, which follows the ACIP recommendations. If a parent asks about further recommended immunizations for their children, they should be referred to their health care provider. A “refusal of [vaccine name]” documented in the WIR does not constitute a valid waiver. The school is responsible for obtaining waiver documentation.

Family Educational Rights and Privacy Act:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. If you have questions about releasing information, contact your school's legal counsel.

Generally, schools must have written permission from the parent in order to release any information from a student's education record (including immunization information). However, FERPA allows schools to disclose those records, without consent, under certain conditions, including to comply with a judicial order or lawfully issued subpoena, and to appropriate officials in the event of health and safety emergencies.

The following describes the circumstances under which student immunization information can be released to local health departments, district attorneys, and WIR.

Released to local health departments:

- Should the local health department determine that there is a health emergency (i.e., an outbreak of a vaccine-preventable disease) at a school, the local health department may request the names and contact information of students who are not protected from the disease (i.e., students not fully vaccinated against the disease) from the school. This determination should inform the school's decision whether a disclosure of the requested information is necessary to protect the health or safety of one or more students or others, consistent with federal law.
- However, for ensuring compliance only, schools may not share names of noncompliant students with the local health department unless the parent has provided signed consent.

Released to district attorneys:

- If your school is in a jurisdiction where a court order has been issued for schools to provide names of noncompliant students to the county district attorney's office, this disclosure is allowed under FERPA (to comply with the judicial order).

Released to WIR:

- Schools may not share student immunization information with WIR or with health care providers unless the parent provided signed consent.
- The parent signature portion of the Student Immunization Record form, [F-04020L](#), includes a checkbox where parents can give permission for schools to share the student's immunization information with WIR.
- Schools are encouraged to use this form for all new and transferring students.
- For existing students, schools may use the Student Immunization Record form, [F-04020L](#), to obtain consent to release-immunization information, or the school may choose to develop some other form to obtain consent for the release.

Waivers: The Wisconsin student immunization requirements can be waived for personal conviction, religious, or medical/health reasons. Children for whom waivers are filed are compliant with the Wisconsin Student Immunization Law; however, these children may be subject to exclusion from school in the event of an outbreak of a disease against which they are not completely immunized.

Parents who choose to waive an immunization are required to sign a waiver on the Student Immunization Record form, [F-04020L](#) and list the dates (month, day, year) of all of the vaccines the child has already received. Alternatively, if [F-04020L](#) is not used, the parent should provide documentation of all of the vaccines received, the dates (month, day, year) the vaccines were received, the vaccines that are being waived, the type of waiver, the date of the waiver, and the parent name and signature. The school is responsible for obtaining waiver documentation.

A “refusal of [vaccine name]” documented in WIR does not constitute a valid waiver. A history of chickenpox is not a waiver, but does exempt a student from the varicella vaccine requirement.

Every year schools should review all student waivers for accuracy. Those students’ immunization records can be checked in WIR to determine if the student has received the vaccine and therefore the waiver status is no longer necessary.

New Vaccines and Waivers: If a waiver is chosen, it applies to a vaccine(s) required at the time a student enrolls into a Wisconsin school for the first time (e.g., a student entering kindergarten or a student transferring from an out-of-state school). Any new vaccines or new dose of an existing vaccine required after enrollment in the Wisconsin school would require a separate waiver for that vaccine.

VACCINES AND IMMUNIZATIONS

Required Vaccines	
DT	Diphtheria and tetanus vaccine (pediatric)
Td	Tetanus and diphtheria vaccine (for ages 7-years or older)
Tdap	Tetanus, diphtheria, and acellular pertussis vaccine (adolescents)
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine (pediatric)
DTP	Diphtheria, tetanus, and pertussis vaccine (no longer available)
Hep B	Hepatitis B vaccine
MMR	Measles, mumps, and rubella vaccine
Polio	Polio vaccine
Var	Varicella (chickenpox vaccine)

Vaccine Trade Names: A health care provider might administer a vaccine and provide the parent with a note listing only the vaccine trade name rather than listing the specific type of vaccine received. The following list of commonly used vaccines and their manufacturer trade names is provided to help you determine which vaccines were received.

Vaccine Type	Trade Name
DTaP	Tripedia®
DTaP	Infanrix®
DTaP	DAPTACEL®
DTaP	ACEL-IMMUNE® (no longer available)
DTaP	Certiva® (no longer available)
DTaP-Hib combination	TriHIBit® (Licensed for 4 th dose only)
DTaP-Hep B-IPV combination	Pediarix®
DTP-Hib combination	Tetramune® (no longer available)
DTaP-Hib-IPV combination	Pentacel®
DTaP-IPV combination	Kinrix®
Hepatitis B-Hib combination	Comvax®
Hepatitis B	ENGERIX B®
Hepatitis B	RECOMBIVAX®
Inactivated Polio Vaccine (IPV)	IPOL®
MMR-V (varicella) combination	ProQuad®
Td	Decavac® or MassBiologics
Tdap	BOOSTRIX®
Tdap	ADACEL™
Varicella (chickenpox)	Varivax®

Valid Doses: Vaccines in a series (when more than one dose is required) are most effective when the doses are administered according to recommended time intervals. However, the Wisconsin Student Immunization Law does not require that vaccines are received at specific time intervals. Therefore, the number of doses received, including those that were received at inappropriate time intervals, can be counted toward compliance with the Wisconsin Student Immunization Law. In WIR, doses received at inappropriate time intervals are marked as "not valid." These doses can be counted towards meeting the minimum required doses. The only exceptions to this are the first dose of MMR vaccine, which must be administered on or after the first birthday, and a dose of DTaP/DT vaccine, which should be given on or after the fourth birthday for children entering 5K Kindergarten.

Four-day Grace Period: The Wisconsin Student Immunization Law allows a four-day grace period for certain required age-dependent vaccines. The four-day grace period means a student is compliant with the immunization law if the dose of each of these vaccines was received four days or less before the date it was required. See footnotes 1, 2, 4, and 6 on the table describing "Meets all Minimum Requirements" on the School Report to Local Health Department form, [F-04002](#), for descriptions of which vaccines and doses this applies to.

DTaP/DTP/DT Vaccine After 4 Years of Age: The Wis. Admin. Code ch. DHS 144 requirement that at least one dose (either the 3rd, 4th, or 5th dose) of DTaP/DTP/DT is to be received after the fourth birthday applies to kindergarten children only. The purpose of this required (and recommended) dose is to boost the level of protection primarily against pertussis (whooping cough). If the third dose of DTaP/DTP/DT is received after the child's fourth birthday, a fourth dose is not required.

Polio Vaccine, Four Doses Required: ACIP recommends a fifth dose of polio vaccine for children who received their fourth dose before their fourth birthday. The Wisconsin Student Immunization Law requires four doses only; a fifth dose is not required. Children who received their third dose of polio vaccine after their fourth birthday are also compliant with the Wisconsin Student Immunization Law.

Hepatitis B Vaccine, Two-dose Series: An exception was made in Wis. Admin. Code ch. DHS 144 for students who receive two doses of a licensed, two-dose hepatitis B vaccine formulation. These students are not required to receive a third dose. The two-dose hepatitis B vaccine is licensed only for children ages 11 through 15 and is given four to six months apart. If the first dose was received by the 30th school day, the second would be required by the 30th school day of the following school year. This formulation is rarely used at this time.

Varicella Vaccine Exemption: All students in kindergarten through grade 12 are required to have two doses of varicella vaccine. Students with a history of chickenpox disease are exempt from the varicella vaccine requirement. If a student received the first dose of varicella vaccine and subsequently developed chickenpox ("breakthrough disease"), or if the student has been diagnosed with shingles, the second dose of varicella vaccine is not required. The student's history of having had the disease or laboratory evidence of immunity should be noted on the Student Immunization Record. If the student has been diagnosed with shingles, a history of chickenpox can be noted on the Student Immunization Record since a person cannot develop shingles unless they previously had chickenpox.

Tdap Vaccine Exception: Please note that one dose of Tdap vaccine is currently recommended for adolescents and adults. The school requirement for students in grades 6 through 12 is one dose of Tdap. An exception is made for students who already received a tetanus-containing vaccine, such as Td, TT (tetanus toxoid), or DTaP, within five years (i.e., a total of five full years) before entering the grade where Tdap is required. These students are compliant with the Tdap requirement, and no further doses are required. For example, if a child received a dose of Td vaccine because of an injury within five years before entering grade 6, that child has met the Tdap requirement (even though s/he has not actually received Tdap vaccine). Although in these circumstances Tdap is not required for school entry, Tdap vaccination is recommended to boost the student's immunity to pertussis. Pertussis is common among adolescents and other school-aged children, and can result in significant illness for the student, the student's family (especially infants less than 12 months old), and can result in many missed days of school and/or work for the student and parent.

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his/her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 years) ¹	4 DTaP/DTP/DT ²		3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td ^{2,3}		4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸
Grades 6 through 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸

- Children ≥ 5 years of age who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5 which would normally correspond to the individual's age.
- D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students **Pre-K through 12**: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. *Note: a dose four days or less before the 4th birthday is also acceptable.*
- DTaP/DTP/DT vaccine for children **entering Kindergarten**: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note: a dose four days or less before the 4th birthday is also acceptable.**
- Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
- Polio vaccine for students entering grades **Kindergarten through 12**: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note: a dose four days or less before the 4th birthday is also acceptable.**
- Laboratory evidence of immunity to hepatitis B is also acceptable.
- MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. *Note: a dose four days or less before the 1st birthday is also acceptable.*
- Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.



STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived 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 purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

PERSONAL DATA

PLEASE PRINT

Step 1	Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)		Telephone Number ()	

IMMUNIZATION HISTORY

Step 2 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, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)			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)		

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
Sign at 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 THESE DISEASES OCCURS.

Although my child has NOT received ALL the 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 school 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 (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 Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

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

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student _____ Date Signed

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 [enter 30th school day] 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>MMR¹</u> | <u>Hepatitis B¹</u> | <u>Varicella^{1,2}</u> | <u>Tdap³</u> |
| <input type="checkbox"/> 1 st Dose | <input type="checkbox"/> 1 st Dose | <input type="checkbox"/> 1 st Dose | <input type="checkbox"/> 1 st Dose | <input type="checkbox"/> 1 st Dose | <input type="checkbox"/> 1 st Dose |
| <input type="checkbox"/> 2 nd Dose | <input type="checkbox"/> 2 nd Dose | <input type="checkbox"/> 2 nd Dose | <input type="checkbox"/> 2 nd Dose | <input type="checkbox"/> 2 nd Dose | |
| <input type="checkbox"/> 3 rd Dose | <input type="checkbox"/> 3 rd Dose | | <input type="checkbox"/> 3 rd Dose | | |
| <input type="checkbox"/> 4 th Dose | <input type="checkbox"/> 4 th Dose | | | | |
| <input type="checkbox"/> 5 th Dose | | | | | |

¹ 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.

² 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.

³ 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

Notice of Exclusion

Date:

Dear Parent:

The attached Legal Notice indicates that your child is currently not in compliance with the Wisconsin Student Immunization Law and therefore will be excluded from this school on [*enter 31st school day*].

For your child to remain at school or re-enter school after exclusion, you must do one of the following:

- (1) Provide this school with the date (month, day, and year) of the required immunization(s) either from your child's medical records or from the [Wisconsin Immunization Registry](#). For varicella (chickenpox), a history of having had the disease is also acceptable. Laboratory evidence of immunity is also acceptable for these diseases: measles, mumps, rubella, hepatitis B, and varicella.

OR

- (2) Claim a waiver.

Use the attached Student Immunization Record to provide the information described above.

The Immunization Law in Wisconsin was passed to protect all children from vaccine-preventable diseases. The law requires public schools in school districts with less than a 99% compliance level to exclude noncompliant students in kindergarten through grade five. The law also applies to private schools. Private schools with less than a 99% compliance level are required to exclude noncompliant students in kindergarten through grade five. A noncompliant student is one who is "behind schedule" for a required immunization(s), or has no immunization record on file at the school and does not have a waiver on file.

Thank you for your cooperation.

SCHOOL REPORT TO LOCAL HEALTH DEPARTMENT, 2018-2019

Wisconsin Stat. § 252.04 requires that all students through grade 12 must present written evidence of being in compliance with the student immunization law by receiving the required number of vaccinations, being in the process of receiving the required number of vaccinations, or by having a signed waiver (see instructions and compliance definitions on the next page). Each year schools must report to the local health department the aggregate compliance total, by school, on or before the 40th school day.

INSTRUCTIONS

Complete a separate F-04002 for each school. Report results for only one school (one DPI School Code) on each form. Mail or fax this form (F-04002) to your [local city or county health department](#) by the 40th school day.

Section A: Complete the contact information for this school including the DPI LEA (District) Code, DPI School Code, and the grades that are enrolled at this school. Click to search for DPI codes for [public schools](#) and [private schools](#). See instructions on next page.

At this school, we have students enrolled in the following grades: From to	DPI LEA (District) Code (4-digit number)	DPI School Code (4-digit number)
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Name of School

Address, City, Zip	Phone number ()	County
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Name of Person completing form (Print name)	Email address of person completing form
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Section B: List the number of students that fall into each category (rows 1 through 7) for students enrolled in Kindergarten in Column A, and then a total number of all students enrolled (including 3K or early childhood, 4K, Kindergarten through the highest grade) in Column B. For rows 1-7, each student should be listed in only one category. Definitions of each category 1-7 are on the page 2. **Row 8 must equal the sum of categories 1 through 7.** Row 8 must also equal the total enrollment for all the grade(s) in that column.

List the number of students in each category (Put zero "0" if no students meet a category description.)		Column A	Column B
		Number of Kindergarten students enrolled at this school (put zeros if there are no kindergarten students at this school)	Total students enrolled at this school (including 3K or early childhood, 4K, and kindergarten through the highest grade)
1	Meets all minimum requirements		
2	In process		
3	Behind schedule		
4	No record		
5	Health waiver		
6	Religious waiver		
7	Personal conviction waiver		
8	TOTAL (must equal enrollment for grade(s) included in the column)		

Section C: In row 9, list the number of students who have received no immunizations and have a waiver for all vaccines. Please do this for all students enrolled in Kindergarten in Column A, and then the total number of all students enrolled at this school (including 3K or early childhood, 4K, Kindergarten through the highest grade) in Column B. **This is separate from Section B.**

9	No immunizations and have a waiver for all vaccines. (Put a zero if no students meet this category description.)		
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Instructions and Compliance Definitions for School Report to Local Health Departments

Section A: Identification of School

Each School Report to Local Health Department should include the aggregate results for only one school. Each school has a unique identification number assigned by DPI. That unique identification number is represented by two codes: the LEA code (which is also the district code) and the DPI school code. Therefore, each School Report to Local Health Department should include results for only one LEA code-school code combination. In Section A, please report both the DPI LEA (district) code and the DPI school code for this school. Please note that both codes are each 4 digits long, including leading zeros. You can search for your school's codes using the following links.

- Public schools: <https://apps4.dpi.wi.gov/SchoolDirectory/Search/PublicSchoolsSearch>
- Private schools: <https://apps4.dpi.wi.gov/SchoolDirectory/Search/PrivateSchoolsSearch>

In the "search text" field, type all or part of the name of your school. Private school search results will immediately include the LEA (district) code and the school code. These are the codes that should be entered in Section A.

When public schools search for their name, they will immediately see the school code. However, to view the LEA (district) code, public schools will need to click on the name of the school.

Section B: Compliance Definitions

Row 1 Meets all minimum requirements	A student is considered to "meet all minimum requirements" if the student has an immunization record with documentation of receiving the following vaccines for the student's age/grade level: (A child > 4 years in a Pre-K class should be assessed by the K-Grade 5 requirements.)					
Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs)	4 DTaP/DTP/DT ^{1,2}		3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td ^{2,3}		4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸
Grades 6 through 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸
<ol style="list-style-type: none"> Children 5 years of age or older, who are enrolled in a Pre-K class should be assessed using the immunization requirements for K through Grade 5 which would normally correspond to the individual's age. D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through Grade 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable). DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable). Tdap is an adolescent tetanus, diphtheria, and acellular pertussis vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within 5 years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required. Polio vaccine for students entering Kindergarten through Grade 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable). Laboratory evidence of immunity to hepatitis B is also acceptable. MMR is a measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable). Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable. 						
Row 2 In process	A student is considered "in process" if the student does not meet the minimum requirements, but is working towards meeting the minimum requirements. To be considered "in process," the student must provide the immunization dates demonstrating receipt of the first doses of required vaccines within 30 school days of admission. A student cannot be considered "in process" if the missing vaccine is a single-dose vaccine requirement (i.e., Tdap); this student would be "behind schedule."					
Row 3 Behind schedule	A student is considered "behind schedule" if the student has an immunization record, but <u>all</u> of the following conditions are met: <ul style="list-style-type: none"> • The student does not meet the minimum immunization requirements, AND • The student is not in process, AND • The student does not have a waiver. 					
Row 4 No record	A student is considered to have "no record" if the student falls into one of the following categories: <ul style="list-style-type: none"> • The student does not have an immunization record on file, OR • The student is a transfer student and the record has not yet been received from the previous school, OR • The student has a record but the record has inappropriate information, such as "all vaccines received," "child up to date" or "record at doctor's office." 					
Rows 5, 6, 7 Waivers—Health, Religious, or Personal Conviction	A student is considered to have a health, religious or personal conviction waiver if the student meets both of the following: <ul style="list-style-type: none"> • Does not meet the minimum requirements for all vaccines, AND • Has a waiver on file 					
Row 8 Total	Please add columns and enter the total.					

Section C: No Immunizations

Row 9 No Immunizations	A student is considered to have no immunization if they have a waiver for all vaccines.
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Mail or fax the School Report
to Local Health Department ([F-04002](#))
to your local city or county health department
by the 40th school day.

Local health department addresses
and fax numbers can be found on this website:

<https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Or you can contact your State Regional Advisor:

Staff Name	Title	Phone
Christie Oestreich (link sends e-mail)	Northern Regional Representative	715-365-2709
Monica Thakur (link sends e-mail)	Southeastern Regional Representative	414-227-3995
Susan Nelson (link sends e-mail)	Northeastern Regional Representative	920-448-5231
Jacqueline Sills Ware (link sends e-mail)	Southeastern Regional Representative	414-227-4876
Wilmot Valhmu (link sends e-mail)	Southern Regional Representative	608-266-0008
James Zanto (link sends e-mail)	Western Regional Representative	715-836-2499

NONCOMPLIANCE ROSTER

Instructions: List all students from form F-04002, rows 2 through 7, in ascending grade order; include date of birth, grade level and vaccine(s) received to date. Enter "0" if no vaccine was received. Use extra sheets if necessary. Wis. Stat. ch. 144.07 requires each school to maintain a current roster of students who do not meet all immunization requirements according to grade or age. **Retain this form at the school for your records. If your school is not subject to FERPA (Family Educational Rights and Privacy Act), please also send this form to your local health department by the 40th school day.**

- For student(s) who are **BEHIND SCHEDULE**, have **NO RECORD**, are **IN PROCESS** or are a **WAIVER** (rows 2-7), mark an **X** in the appropriate box. (H=health reasons, R=religious reasons, and PC=personal conviction). Under Varicella, indicate total doses received or "**D**" for disease.
- For MMR, if first dose was received before the student's first birthday, do not count the dose. Do not include a history of disease, only the vaccine.

Name	Date of Birth	Date of Admission To WI School	Grade	Mark (X)						DTP / DTaP / DT / Td		Polio		Hep B	MMR	Varicella	Tdap
				Behind Schedule	No Record	In Process	H	R	PC	Total Doses	Last Dose Date	Total Doses	Last Dose Date	Total Doses	Total Doses	Total Doses or D=Disease	Dose Date

90th Day Letter-In Process

Date:

Dear Parent:

According to our records, your child is in the process of receiving all of the vaccinations required to attend school in Wisconsin. We encourage you to continue to make vaccination appointments and take your child to these appointments in order to ensure that your child becomes up-to-date with vaccinations for his/her age.

Vaccinations are one of the most important methods of protecting our children from diseases and the complications that can occur from these diseases. Vaccinations are especially important for school-aged children because children in school are regularly in close contact with others who may or may not be protected from these diseases.

In order to remain in compliance with the Wisconsin Student Immunization Law, please contact your child's health care provider to receive needed vaccinations. Encourage your child's health care provider to use the Wisconsin Immunization Registry and any vaccination records you have for your child to determine which vaccines your child needs to receive. If your child does not have a health care provider, please contact your local health department to determine if your child is eligible to receive vaccinations at the health department. Local health department contact information can be found on this website: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Please be aware that in the fall of the next school year, your child's vaccination records will be reassessed to ensure that he/she is sufficiently vaccinated for his/her grade level or has a waiver on file. If sufficient documentation is not supplied for your child, he/she might be required to stay home from school.

For additional information on vaccines and immunizations, please visit this website: <http://www.cdc.gov/vaccines/vac-gen/default.htm>

Thank you for helping us keep all Wisconsin school children safe from diseases that can be prevented by vaccination.

90th Day Letter-Not Compliant (Behind Schedule or No Record)

Date:

Dear Parent:

According to our records, this school year your child was not in compliance with the Wisconsin Student Immunization Law. This means that your child did not have documentation of appropriate vaccination and did not have a vaccination waiver on file.

Vaccinations are one of the most important methods of protecting our children from diseases and the complications that can occur from these diseases. Vaccinations are especially important for school-aged children because children in school are regularly in close contact with others who may or may not be protected from these diseases.

In the coming months, we encourage you to make an appointment with your child's health care provider to get your child vaccinated. Encourage your child's health care provider to use the Wisconsin Immunization Registry and any vaccination records you have for your child to determine which vaccines your child needs. If your child does not have a health care provider, please contact your local health department to determine if your child is eligible to receive vaccinations at the health department. Local health department contact information can be found on this website:

<https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Please be aware that in the fall of the next school year, your child's vaccination records will be reassessed to ensure that he/she is sufficiently vaccinated for his/her grade level or has a waiver on file. If sufficient documentation is not supplied for your child, he/she might be required to stay home from school.

For additional information on vaccines and immunizations, please visit this website:

<http://www.cdc.gov/vaccines/vac-gen/default.htm>

Thank you for helping us keep all Wisconsin school children safe from diseases that can be prevented by vaccination.

Wisconsin Student Immunization Law Compliance Results Public and Private Schools Kindergarten (and Pre-K) through 12th Grade, By School Year

Compliance Category ¹	2014–2015			2015–2016			2016–2017			2017–2018		
	Wis plus MPS ²	MPS	Wis minus MPS	Wis plus MPS	MPS	Wis minus MPS	Wis plus MPS	MPS	Wis minus MPS	Wis plus MPS	MPS	Wis minus MPS
Meets Minimum³	92.5%	85.5%	93.1%	92.5%	85.9%	93.0%	92.5%	85.1%	93.2%	92.3%	85.8%	92.9%
In Process³	0.6%	1.1%	0.5%	0.6%	1.2%	0.5%	0.6%	1.4%	0.5%	0.6%	1.4%	0.6%
Medical Waiver³	0.4%	0.6%	0.4%	0.4%	0.7%	0.3%	0.3%	0.7%	0.3%	0.3%	0.6%	0.3%
Religious Waiver³	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%
Personal Conviction Waiver³	4.3%	0.1%	4.7%	4.3%	0.0%	4.6%	4.2%	1.2%	4.5%	4.3%	1.4%	4.5%
Behind Schedule⁴	1.8%	12.1%	0.9%	1.8%	10.1%	1.1%	1.6%	8.3%	1.0%	1.7%	8.0%	1.2%
No Record⁴	0.1%	0.2%	0.1%	0.3%	1.9%	0.2%	0.4%	3.1%	0.2%	0.4%	2.4%	0.2%

¹ Definitions of the compliance categories are on page 2 of the “School Report to Local Health Department”, F-04002: <https://www.dhs.wisconsin.gov/forms/f0/f04002.pdf>.

² MPS is an acronym for Milwaukee Public Schools.

³ Category includes students who are compliant with school law.

⁴ Category includes students who are noncompliant with school law.

Fact Sheet for Parents



Tdap Requirements for Middle and High School Students

The Wisconsin Student Immunization law requires that all students entering the 6th grade receive a dose of Tdap vaccine. To be compliant with the school law, parents must provide their child's school with proof of immunization or claim a waiver.

1. What is Tdap?

Tdap is a vaccine that protects against Tetanus, Diphtheria, and Pertussis (whooping cough).

2. What grades are affected and what vaccine is required?

All students entering grades 6 through 12 must have one dose of Tdap.

3. What do parents need to do?

Have your child vaccinated with Tdap vaccine if he or she has not already received the vaccine. Record the date of the immunization in the appropriate box on the enclosed Student Immunization Record, sign the form and return it to your child's school. Be sure to add the Tdap vaccination date to the permanent immunization record you keep for your child. In the future, your child may need to give these dates to other schools, colleges or employers.

To claim a waiver for health, religious or personal conviction reasons, follow the instructions on the Student Immunization Record and return the signed form to your child's school.

4. Are there exceptions to the Tdap vaccine requirements?

Yes. If your child has received a tetanus-containing vaccine (such as Td) in the five years before he/she enters the grade in which it is required, your child is compliant and is not required to receive a Tdap. Check the box marked "Td" on the Student Immunization Record, enter the date it was received and return the signed form to school.

5. Once my child meets the Tdap requirement will he or she need to get another dose in a different grade?

No. Tdap is a one-time requirement. Once a child meets the vaccine requirement for the grade to which the requirement applies, no further doses are required. In other words, a student who receives Tdap before starting 6th grade does not need any more doses. If a child received a dose of Td vaccine within 5 years of entering 6th grade, that child has met the Tdap requirement (even though s/he has not actually received Tdap vaccine) and will not be required to receive Tdap vaccine now or in a future grade.

6. If my child already had pertussis (whooping cough) disease, should he or she still get the Tdap vaccine?

A history of pertussis disease is not an exception to the Tdap requirement. Children who have had pertussis should still receive Tdap because the length of protection provided by the disease is unknown and because the diagnosis can be difficult to confirm in some instances.

7. Where can I get Tdap vaccine for my child?

Tdap is available from your child's medical provider, local health departments and some pharmacies. Please have your child immunized well in advance of school opening to avoid the late summer rush as doctor's offices and immunization clinics.

8. Why is Tdap required?

Pertussis is a serious disease. It is easily passed from person-to-person and can cause outbreaks in schools. Wisconsin has experienced two state-wide pertussis outbreaks in the past 10 years. People who are ill with pertussis must stay home from work or school for at least five days. Studies have shown that the protection gained from the DTP/DTPaP vaccines received as a young child begins to decline 5 to 10 years after vaccination; the Tdap vaccine will boost that immunity and help protect your adolescent from pertussis.

9. Are there any other vaccines that are recommended for my adolescent?

Yes. There are three other vaccines that are routinely recommended for teens. The Human Papillomavirus Vaccine (HPV) vaccine protects against a virus that is a common cause of cancer. The meningococcal conjugate vaccine protects against meningococcal disease (meningitis), and an annual influenza vaccine is recommended for everyone 6 months of age and older.

10. Where can I get more information?

- Center for Disease Control (CDC): <http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>
- Wisconsin Immunization Program: <https://www.dhs.wisconsin.gov/immunization/pertussis.htm>
- Your child's medical provider or local health department



WISCONSIN DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASES
IMMUNIZATION PROGRAM
P-00039 (Rev. 07/2015)



Vaccines Recommended at Ages 11-12: What Parents Should Know

Why does my child need vaccines now?

Vaccines aren't just for babies. Some of the vaccines that babies get can wear off as kids get older. And as kids grow up they may come in contact with different diseases than when they were babies. There are vaccines that can help protect your preteen or teen from these other illnesses.

What vaccines does my child need?

Tdap Vaccine

This vaccine helps protect against three serious diseases: tetanus, diphtheria, and pertussis (whooping cough). Preteens should get Tdap at age 11 or 12. If your teen didn't get a Tdap shot as a preteen, ask their doctor or nurse about getting the shot now.

Meningococcal Vaccine

Meningococcal conjugate vaccine protects against some of the bacteria that can cause meningitis (swelling of the lining around the brain and spinal cord) and septicemia (an infection in the blood). Preteens need the first meningococcal shot when they are 11 or 12 years old and a second meningococcal shot at age 16. Teens who got the meningococcal shot when they were 13, 14, or 15 years old should still get a second shot at age 16. Older teens who haven't gotten any meningococcal shots should get one dose as soon as possible.

HPV Vaccine

Human papillomavirus (HPV) vaccines help protect both girls and boys from HPV infection and cancer caused by HPV. All preteens need HPV vaccination so they can be protected from HPV infections that cause cancer. HPV vaccination is a series of shots given over several months. Teens and young adults who didn't start or finish the HPV vaccine series also need HPV vaccination. The best way to remember to get your child all of the shots they need is to make an appointment for the remaining shots before you leave the doctor's office or clinic.

Flu Vaccine

The annual flu vaccine is the best way to reduce the chances of getting seasonal flu and spreading it to others. Even healthy preteens and teens can get very sick from the flu and spread it to others. While all preteens and teens should get a flu vaccine, it's especially important for those with chronic health conditions such as asthma, diabetes, and heart disease to get vaccinated. The best time to get the flu vaccine is as soon after it's available in your community, ideally by October. While it's best to be vaccinated before flu begins causing illness in your community, flu vaccination can be beneficial as long as flu viruses are circulating, even in January or later.

When should my child be vaccinated?

A good time to get these vaccines is during a yearly health checkup. Your preteen or teen can also get these vaccines at a physical exam required for sports, school, or camp. It's a good idea to ask the doctor or nurse every year if there are any vaccines that your child may need.

What else should I know about these vaccines?

These vaccines have all been studied very carefully and are safe. They can cause mild side effects, like soreness or redness in the part of the arm where the shot was given. Some preteens and teens might faint after getting a shot. Sitting or lying down when getting a shot and then for about 15 minutes after the shot, can help prevent fainting. Serious side effects are rare. It is very important to tell the doctor or nurse if your child has any serious allergies, including allergies to yeast, latex, or chicken eggs, before they receive any shots.

How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.

Where can I learn more?

Talk to your child's doctor or nurse about what vaccines they may need. You can also find more information about these vaccines on CDC's Vaccines for Preteens and Teens website at www.cdc.gov/vaccines/teens.

How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.



Wisconsin Department of Health Services
Division of Public Health
P-90022 (10/2015)

For more information visit the CDC
Web www.cdc.gov/hpv



**For schools that are not
subject to FERPA
(Family Educational Rights and
Privacy Act)**

SCHOOL REPORT TO THE DISTRICT ATTORNEY

School: *If your school is not subject to FERPA (Family Educational Rights and Privacy Act), please complete this report and send it to the district attorney in the county where the student resides, not to the Department of Health Services.*

District Attorney: The following students are not in compliance with the Student Immunization Law 252.04. As required under this law, we are notifying your office so that legal action may be taken.

Per Wisconsin Statutes Chapter 252.04 (6), the school, childcare center, or nursery school shall notify the district attorney of the county in which the student resides of any minor student who fails to present written evidence of completed immunizations or a written waiver under sub. (3) within 60 school days after being admitted to the school, child care center, or nursery school. The district attorney shall petition the court exercising jurisdiction under chs. 48 and 938 for an order directing that the student be in compliance with the requirements of this section. If the court grants the petition, the court may specify the date by which a written waiver shall be submitted under sub. (3) or may specify the terms of the immunization schedule. The court may require an adult student or the parent, guardian, or legal custodian of the minor student who refuses to submit a written waiver by the specified date or meet the terms of the immunization schedule to forfeit not more than \$25 per day of violation.

Date	Telephone(include area code)	School District
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Name of School

Name of Principal	Name of Person completing form
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Address	City/Town	Zip
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Name of Student	Grade	Date of Birth	Name of Parent(s)	Address	Telephone	Date Parent(s) Notified About Law	Reason for Noncompliance		Vaccine(s) Needed
							No Record	Behind Schedule	

SPANISH

**LEY DE INMUNIZACIÓN DE ALUMNOS
REQUISITOS SEGÚN EDAD/GRADO**
STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

Las siguientes son las vacunas mínimas obligatorias para cada nivel de edad/grado de acuerdo con la Ley de Inmunización de Alumnos de Wisconsin (Wisconsin Student Immunization Law). Se pueden recomendar inmunizaciones adicionales para su hijo según la edad. Sírvase comunicarse con su médico o departamento médico local para determinar si su hijo necesita inmunizaciones adicionales.

Grado/Edad	Número de Dosis					
Pre Kinder (2 a 4 años) ¹	4 DTaP/DTP/DT ²		3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicela ⁸
Kindergarten a grado 5	4 DTaP/DTP/DT/Td ^{2,3}		4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicela ⁸
Grado 6 a 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicela ⁸

1. Los niños de menos de 4 años de edad que están inscriptos en la clase de pre Kindergarten (pre-K) deberían ser evaluados usando los requisitos de inmunizaciones de kindergarten a 5° grado, que normalmente correspondería a la edad de la persona.
2. D= difteria, T= tétano, P= vacuna contra la tosferina (pertussis). Vacuna DTaP/DTP/DT/Td para todos los alumnos de **Pre-K a grado 12**: Se requieren 4 dosis. Pero, si un alumno recibió la 3ª dosis después de cumplir 4 años, no hacen falta más dosis. Nota: También es aceptable una dosis 4 días o menos antes de cumplir 4 años.
3. Vacuna DTaP/DTP/DT para los niños que **ingresan a Kindergarten**: Su hijo(a) debe haber recibido una dosis después de cumplir 4 años (ya sea la 3a., 4ta. o 5ta. dosis) para ser aceptado. Nota: También es aceptable una dosis 4 días o menos antes de cumplir 4 años.
4. Tdap es la vacuna antitetánica, antidiftérica y antitosferínica acelular para los adolescentes. Si su hijo(a) ha recibido una dosis de una vacuna antitetánica como la vacuna Td en los últimos 5 años antes de ingresar al grado en que la vacuna Tdap es obligatoria, no es necesaria la vacuna Tdap.
5. La vacuna antipoliomelítica para estudiantes que ingresan a los grados **Kindergarten a 12**: Se requieren 4 dosis. Pero, si un alumno recibió la 3ª dosis después de cumplir 4 años, no hacen falta más dosis. Nota: También es aceptable una dosis 4 días o menos antes de cumplir 4 años.
6. Las pruebas de laboratorio de la inmunidad a la hepatitis B también son aceptables.
7. MMR es la vacuna contra el sarampión, las paperas y la rubeola. La primera dosis de la vacuna MMR debe recibirse al cumplir un año o después de un año de edad. Nota: También es aceptable una dosis 4 días o menos antes de cumplir 1 año. Las pruebas de laboratorio de la inmunidad contra todas estas enfermedades (sarampión, paperas y rubeola) también son aceptables.
8. La vacuna contra la varicela es la vacuna contra el chickenpox. Los antecedentes de enfermedades de varicela o las pruebas de laboratorio de inmunidad a la varicela también son aceptables.



REGISTRO DE VACUNAS DEL ESTUDIANTE STUDENT IMMUNIZATION RECORD

INSTRUCCIONES A LOS PADRES: COMPLETE Y DEVUELVA A LA ESCUELA 30 DÍAS DESPUÉS DE LA ADMISIÓN. La ley estatal requiere que todos los estudiantes de escuelas públicas y privadas presenten evidencia escrita de las vacunas contra ciertas enfermedades, **dentro de 30 días escolares de admisión.** Los requisitos específicos de edad / grado se piden en las escuelas y en el departamento de salud locales. Se puede renunciar a estos requisitos únicamente completando y firmando un formulario de renuncia en la escuela por motivos de salud, religión o personales. El propósito de este formulario es medir el cumplimiento de la ley y se usará sólo para ese propósito. Si tiene preguntas sobre las vacunas o cómo llenar este formulario, comuníquese con la escuela de su hijo o con el departamento de salud local.

DATOS PERSONALES ESCRIBA EN LETRA DE MOLDE

Paso 1	Nombre del estudiante	Fecha de Nacimiento (MM/DD/AAAA)	Sexo	Escuela	Grado	Año escolar
	Nombre del padre/madre/tuto /custodio legal	Dirección (calle, ciudad, estado, código postal)			Número de teléfono ()	

HISTORIAL DE VACUNAS

Paso 2 Indique el MES, DÍA Y AÑO en que su hijo recibió las siguientes vacunas. NO MARQUE (✓) O (X) excepto para responder a la pregunta sobre varicela, Tdap o Td. Si usted no tiene un registro de vacunas en su casa para este estudiante, comuníquese con el médico o departamento de salud para conseguir uno.

TIPO DE VACUNA*	1a. DOSIS Mes/día/año	2a. DOSIS Mes/día/año	3a. DOSIS Mes/día/año	4a. DOSIS Mes/día/año	5a. DOSIS Mes/día/año
DTaP/DTP/DT/Td/Tdap (Difteria, Tétano, Pertusis)					
Vacuna de refuerzo (booster) para adolescentes (Marque la casilla apropiada) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (sarampión, paperas, rubéola)					
Vacuna contra la varicela (viruelas locas) Esta vacuna se necesita solamente si su hijo no ha tenido la varicela. Vea más abajo:					
¿Ha tenido su hijo la varicela? Marque la casilla correspondiente y anote el año si lo sabe. <input type="checkbox"/> Sí _____ año (no necesita la vacuna) <input type="checkbox"/> NO o no está seguro (necesita vacuna)	¿Le han hecho un análisis de sangre (título de anticuerpos) a su hijo que muestre inmunidad (tenía la enfermedad o vacunación anterior) de cualquiera de las siguientes (marque todas que apliquen)? <input type="checkbox"/> Varicela <input type="checkbox"/> Sarampión <input type="checkbox"/> Paperas <input type="checkbox"/> Rubéola <input type="checkbox"/> Hepatitis B Si contesta Sí, proporcione el reporte(s) de laboratorio				

REQUISITOS

Paso 3 Para determinar si este estudiante cumple con los requisitos, consulte el nivel de requisitos de acuerdo a la edad/grado del año escolar actual.

DATOS DE CUMPLIMIENTO

Paso 4 **EL ESTUDIANTE CUMPLE CON TODOS LOS REQUISITOS**
 Firme en el Paso 5 y devuelva este formulario a la escuela

_____ O _____

EL ESTUDIANTE NO CUMPLE CON TODOS LOS REQUISITOS
 Marque el cuadro que corresponda, firme en el Paso 5 y devuelva el formulario a la escuela. Tenga en cuenta que si el estudiante no tiene todas sus vacunas puede ser excluido de la escuela si aparece un brote de estas enfermedades.

Aunque mi hijo NO ha recibido todas las dosis de las vacunas, ha recibido LA PRIMERA DOSIS. Entiendo que la SEGUNDA DOSIS debe recibirla este año antes de cumplir 90 días de entrar a la escuela y la TERCERA Y CUARTA DOSIS si las requiere debe recibirlas antes de los 30 días de este año escolar. También entiendo que es mi responsabilidad notificar por escrito a la escuela cada vez que mi hijo recibe una dosis de las vacunas requeridas.

NOTA: La falta a permanecer al día con las vacunas puede ocasionar la exclusión de la escuela, acción judicial y/o pena de caducidad.

EXENCIONES (WAIVERS) (Indique en el Paso 2 las vacunas que ya haya recibido)

Por razones de salud este estudiante no debe recibir las siguientes vacunas: _____

_____ FIRMA del médico _____ Fecha de la firma

Por razones religiosas, he decidido no vacunar a este estudiante con las siguientes inmunizaciones (marque todas las que apliquen)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (sarampión, paperas, rubéola) varicela

Por razones de convicción personal, he decidido no vacunar a este estudiante con las siguientes inmunizaciones (marque todas las que apliquen)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (sarampión, paperas, rubéola) varicela

FIRMA

Paso 5 Este formulario está completo y exacto de acuerdo a lo mejor de mi conocimiento. Marque uno: (Yo doy Yo no doy) mi consentimiento para que se compartan los registros de vacunas actuales de mi hijo en la medida en que se actualicen en un futuro con el Registro de Vacunas de Wisconsin (*Wisconsin Immunization Registry - WIR*). Entiendo que puedo revocar este consentimiento en cualquier momento enviando una notificación por escrito al distrito escolar. Después de la fecha de revocación, el distrito escolar no proporcionará nuevos registros ni actualizaciones a la WIR.

_____ FIRMA - del padre/madre/tuto /custodio legal o estudiante adulto _____ Fecha de la firma

NOTIFICACIÓN LEGAL

Inmunizaciones (vacunas) obligatorias para la admisión a las escuelas de Wisconsin LEGAL NOTICE: REQUIRED IMMUNIZATIONS (SHOTS) FOR ADMISSION TO WISCONSIN SCHOOLS

Al padre, tutor o tutor legal de _____ Grado _____

La Ley de Inmunización de Alumnos (Student Immunization Law) exige que todos los alumnos hasta 12° grado cumplan una cantidad mínima de inmunizaciones antes de ingresar a la escuela. Puede haber una exención a estos requisitos sólo por razones médicas, religiosas o personales. De acuerdo con nuestros registros, su hijo no cumple porque no hay un registro de inmunización disponible en la escuela o se necesita una inmunización (ver razón del incumplimiento indicado abajo) y no hay ninguna exención en el legajo. Para seguir cumpliendo con la ley, sírvase proporcionar el mes, día y año en que su hijo recibió las inmunizaciones obligatorias en el Registro de Inmunización del Estudiante adjunto, o seleccione una de las opciones de exención antes de [enter 30th school day] y devuelva el formulario a la escuela de su hijo. No hacerlo podría provocar que se lo excluya de la escuela, acción judicial y/o sanción de incautación. Si tiene alguna pregunta sobre esta notificación o cómo obtener las inmunizaciones obligatorias, sírvase comunicarse con la escuela de su hijo.

Razón del incumplimiento:

No hay registro

Según nuestros registros escolares, se necesitan las siguientes vacunas:

<u>DTaP/DT/Td</u>	<u>Polio</u>	<u>MMR¹</u>	<u>Hepatitis B¹</u>	<u>Varicela^{1,2}</u>	<u>Tdap³</u>
<input type="checkbox"/> 1ª Dosis	<input type="checkbox"/> 1ª Dosis	<input type="checkbox"/> 1ª Dosis	<input type="checkbox"/> 1ª Dosis	<input type="checkbox"/> 1ª Dosis	<input type="checkbox"/> 1ª Dosis
<input type="checkbox"/> 2ª Dosis	<input type="checkbox"/> 2ª Dosis	<input type="checkbox"/> 2ª Dosis	<input type="checkbox"/> 2ª Dosis	<input type="checkbox"/> 2ª Dosis	
<input type="checkbox"/> 3ª Dosis	<input type="checkbox"/> 3ª Dosis		<input type="checkbox"/> 3ª Dosis		
<input type="checkbox"/> 4ª Dosis	<input type="checkbox"/> 4ª Dosis				
<input type="checkbox"/> 5ª Dosis					

¹ Si su hijo(a) tiene resultados de análisis de laboratorio que prueban que está inmune al sarampión, a las paperas y a la rubeola, o tiene resultados de análisis de laboratorio que prueban que es inmune a la hepatitis B, o tiene resultados de análisis de laboratorio que prueban que su hijo es inmune a la varicela, proporcione los resultados de los análisis a la escuela. Si los resultados de los análisis son aceptables, su hijo no necesita ser vacunado contra las enfermedades a las que ya es inmune.

² Si su hijo(a) ya tuvo varicela, no hace falta vacunarlo contra la varicela. Responda que "sí" a la pregunta sobre enfermedad de la varicela en el Registro de Inmunización del Estudiante adjunto e ingrese la fecha de la enfermedad si se conoce.

³ Si su hijo(a) ha recibido una dosis de una vacuna antitetánica como la vacuna Td en los últimos 5 años desde que entró al grado en que la Tdap es obligatoria, su hijo cumple y no es necesaria la vacuna Tdap.

Se aprecia su cooperación inmediata.

Escuela

Teléfono

Funcionario de la escuela (Cargo)

Fecha en que se envió

adjunto: Registro de Inmunización del Estudiante

Notificación de exclusión
NOTICE OF EXCLUSION

Fecha:

Estimados Padre(s):

La Notificación Legal adjunta indica que su hijo actualmente no cumple con la Ley de Inmunización de Alumnos de Wisconsin (Wisconsin Student Immunization Law) y por lo tanto será excluido de esta escuela el [*enter 31st school day*].

Para que su hijo siga en la escuela o vuelva a ingresar después de la exclusión, debe hacer una de las siguientes cosas:

- (1) Proporcionar a esta escuela la fecha (mes, día y año) de las inmunizaciones obligatorias, ya sea en base a los registros médicos de su hijo o a [Wisconsin Immunization Registry](#). Para la varicela (chickenpox), antecedentes de haber tenido la enfermedad también es aceptable. Las pruebas de laboratorio de la inmunidad también son aceptables para estas enfermedades: sarampión, paperas, rubeola, hepatitis B y varicela.

O

- (2) Reclamar una exención.

Use el Registro de Inmunización del Estudiante adjunto para proporcionar la información descrita arriba.

La Ley de Inmunización (Immunization Law) en Wisconsin se promulgó para proteger a todos los niños de enfermedades que se pueden prevenir por medio de las vacunas. La ley exige a las escuelas públicas de los distritos escolares con un nivel de cumplimiento inferior al 99% que excluyan a los alumnos que no cumplen desde kindergarten hasta quinto grado. La ley también rige para las escuelas privadas. Las escuelas privadas con un nivel de cumplimiento inferior al 99% tienen la obligación de excluir a los alumnos que no cumplen desde kindergarten hasta quinto grado. Un alumno que no cumple es uno que está "atrasado" con una inmunización obligatoria o no tiene registros de inmunización en el legajo de la escuela y no tiene una exención en el legajo.

Gracias por su cooperación.

90th Day Letter-In Process

Fecha:

Estimados Padre(s):

Según nuestros registros, su hijo está en proceso de recibir todas las vacunas obligatorias para asistir a la escuela en Wisconsin. Lo alentamos a que siga realizando citas para la vacunación y lleve a su hijo a estas citas para asegurarse de que esté al día con las vacunas para su edad.

La vacunación es uno de los métodos más importantes de proteger a nuestros hijos de las enfermedades y de las complicaciones que pueden surgir debido a estas enfermedades. La vacunación es especialmente importante para los niños en edad escolar, porque suelen estar en contacto estrecho con otros que pueden o no estar protegidos contra estas enfermedades.

Para poder seguir cumpliendo con la Ley de Inmunización de Alumnos de Wisconsin (Wisconsin Student Immunization Law), sírvase comunicarse con el proveedor médico de su hijo para recibir las vacunas necesarias. Aliente al proveedor médico de su hijo a usar el Wisconsin Immunization Registry y todo registro de vacunación que usted tenga para su hijo para determinar qué vacunas debe recibir. Si su hijo no tiene un proveedor médico, sírvase comunicarse con el departamento médico de su localidad para determinar si su hijo califica para recibir las vacunas en el departamento médico. La información de contacto del departamento médico local se puede encontrar en este sitio web: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Tenga en cuenta que en el otoño del próximo año escolar, los registros de vacunación de su hijo serán divulgados para garantizar que esté suficientemente vacunado para su nivel de grado o tenga una exención en el legajo. Si no se suministra documentación suficiente para su hijo, quizá deba permanecer en casa y no ir a la escuela.

Para obtener información adicional sobre vacunas e inmunizaciones, sírvase ingresar a este sitio web: <http://www.cdc.gov/vaccines/vac-gen/default.htm>

Gracias por ayudarnos a mantener seguros a todos los niños de las escuelas de Wisconsin de las enfermedades que se pueden prevenir por medio de la vacunación.

90th Day Letter-Not Compliant (Behind Schedule or No Record)

Fecha:

Estimados Padre(s):

De acuerdo con nuestros registros, este año escolar su hijo no cumplió con la Ley de Inmunización de Alumnos de Wisconsin (Wisconsin Student Immunization Law). Esto significa que su hijo no tuvo documentación de la vacunación adecuada y no tuvo una exención de vacunación en el legajo.

La vacunación es uno de los métodos más importantes de proteger a nuestros hijos de las enfermedades y de las complicaciones que pueden surgir debido a estas enfermedades. La vacunación es especialmente importante para los niños en edad escolar, porque suelen estar en contacto estrecho con otros que pueden o no estar protegidos contra estas enfermedades.

En los próximos meses, lo alentamos a hacer una cita con el proveedor médico de su hijo para que se vacune a su hijo. Aliente al proveedor médico de su hijo a usar el Wisconsin Immunization Registry y todo registro de vacunación que usted tenga para su hijo para determinar qué vacunas debe recibir. Si su hijo no tiene un proveedor médico, sírvase comunicarse con el departamento médico de su localidad para determinar si su hijo califica para recibir las vacunas en el departamento médico. La información de contacto del departamento médico local se puede encontrar en este sitio web: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Tenga en cuenta que en el otoño del próximo año escolar, los registros de vacunación de su hijo serán divulgados para garantizar que esté suficientemente vacunado para su nivel de grado o tenga una exención en el legajo. Si no se suministra documentación suficiente para su hijo, quizá deba permanecer en casa y no ir a la escuela.

Para obtener información adicional sobre vacunas e inmunizaciones, sírvase ingresar a este sitio web: <http://www.cdc.gov/vaccines/vac-gen/default.htm>

Gracias por ayudarnos a mantener seguros a todos los niños de las escuelas de Wisconsin de las enfermedades que se pueden prevenir por medio de la vacunación.

Hoja de datos para padres

Requisitos de Tdap para alumnos en escuela media y secundaria



FACT SHEET FOR PARENTS: TDAP REQUIREMENTS FOR MIDDLE AND HIGH SCHOOL STUDENTS

La ley de Inmunización de Alumnos de Wisconsin exige que todos los alumnos que ingresan a 6^o grado reciban una dosis de la vacuna Tdap. Para cumplir con la ley escolar, los padres deben entregar en la escuela de sus hijos prueba de la inmunización o presentar una exención (*waiver*).

1. ¿Qué es Tdap?

Tdap es una vacuna que protege contra el tétano, la difteria y la tosferina (pertussis).

2. ¿Qué grados se ven afectados y qué vacuna se requiere?

Todos los alumnos que ingresen a la escuela entre 6^o y 12^o grado deben contar con una dosis de Tdap.

3. ¿Qué deben hacer los padres?

Hacer que su hijo o hija reciba la vacuna Tdap si no la ha recibido todavía. Registrar la fecha de la inmunización en la casilla adecuada en el Registro de Inmunización del Alumno que se adjunta, firmar el formulario y entregarlo en la escuela de su hijo. Asegurarse de agregar la fecha de la vacunación contra Tdap al registro de inmunización permanente que usted tiene para su hijo. En el futuro, su hijo podría necesitar entregar estas fechas a otras escuelas, universidades o empleadores. Para indicar una exención por motivos de salud, religión o creencias personales, siga las instrucciones indicadas en el Registro de Indemnización del Alumno y entregue el formulario firmado en la escuela de su hijo.

4. ¿Hay excepciones a los requerimientos de la vacuna Tdap?

Sí. Si su hijo o hija ha recibido una vacuna que contiene tétano (como Td) en los cinco años antes de ingresar al grado en el que se requiere, su hijo cumple con los requerimientos y no hace falta que reciba una vacuna Tdap. Marque la casilla que dice "Td" en el Registro de Inmunización del Alumno, ingrese la fecha en la que se recibió y entregue el formulario firmado a la escuela.

5. Una vez que mi hijo cumpla el requerimiento de Tdap, ¿necesitará recibir otra dosis en otro grado?

No. La Tdap es un requisito que se debe cumplir una sola vez. Una vez que un niño cumple el requisito de la vacuna para el grado al que aplica el requisito, no se requiere ninguna dosis adicional. En otras palabras, un alumno que reciba Tdap antes de comenzar 6^o grado no necesita ninguna otra dosis. Si un niño recibió una dosis de la vacuna Td dentro de los 5 años antes de ingresar a 6^o grado, ese niño ha cumplido con el requisito de Tdap (aunque no haya recibido en realidad la vacuna Tdap) y no tendrá la obligación de recibir la vacuna Tdap ahora ni en un grado más adelante.

- 6. Si mi hijo ya tuvo tosferina (pertussis), ¿debería de todos modos recibir la vacuna Tdap?**
Tener el antecedente de tosferina no es una excepción para el requerimiento de la vacuna Tdap. Los niños que han tenido tosferina deberían recibir Tdap de todos modos, porque se desconoce cuánto dura la protección proporcionada por la enfermedad y porque el diagnóstico puede ser difícil de confirmar en algunos casos.
- 7. ¿Dónde puedo obtener la vacuna Tdap para mi hijo?**
La vacuna Tdap está disponible de parte del proveedor médico de su hijo, en los departamentos locales de salud y en algunas farmacias. Haga que su hijo se inmunice antes de que comience la escuela para evitar el apuro a fines del verano en los consultorios médicos y clínicas de inmunización.
- 8. ¿Por qué se exige la Tdap?**
La tosferina (pertussis) es una enfermedad grave. Se contagia con facilidad de una persona a otra y puede causar brotes en las escuelas. Wisconsin ha presentado dos brotes de tosferina en todo el estado en los últimos 10 años. La gente que se enferma de tosferina debe permanecer en su casa, no ir a la escuela ni al trabajo, por lo menos durante cinco días. Estudios han demostrado que la protección que brindan las vacunas DTP/DTaP que se reciben en la infancia comienza a bajar de 5 a 10 años después de la vacunación; la vacuna Tdap reforzará esta inmunidad y ayudará a proteger a su adolescente de la tosferina.
- 9. ¿Hay alguna otra vacuna que se recomiende para mi adolescente?**
Sí. Hay otras tres vacunas que se suelen recomendar para los adolescentes. La vacuna contra el virus del papiloma humano (HPV) protege contra un virus que es una causa común de cáncer. La vacuna conjugada contra el meningococo protege contra la enfermedad meningocócica (meningitis) y se recomienda una vacuna anual contra la influenza para cualquier persona de 6 meses de edad o más.
- 10. ¿Dónde puedo encontrar más información?**
- El Centro para el Control de Enfermedades (CDC, Center for Disease Control): <http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>
 - Programa de Inmunizaciones de Wisconsin (Wisconsin Immunization Program): <https://www.dhs.wisconsin.gov/immunization/pertussis.htm>
 - El proveedor médico de su hijo o el departamento de salud de su localidad



WISCONSIN DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASES
IMMUNIZATION PROGRAM
P-00039 (Rev. 07/2015)



Vacunas recomendadas en las edades de 11-12 años: lo que los padres deben saber

¿Por qué necesita mi hijo vacunas ahora?

Las vacunas no son sólo para los bebés. Algunas de las vacunas que los bebés reciben dejan de tener efecto conforme los niños van creciendo. En la medida en que los niños crecen pueden entrar en contacto con diferentes enfermedades que a las que estaban expuestos cuando eran bebés. Existen vacunas que pueden ayudar a proteger a su preadolescente o adolescente contra estas otras enfermedades.

¿Cuáles vacunas necesita mi hijo?

Vacuna contra el Tdap

Esta vacuna protege contra tres enfermedades graves: tétanos, difteria y tos ferina (tos convulsiva). Los preadolescentes deben recibir la vacuna contra el Tdap en las edades de 11 o 12. Si su hijo no recibió una vacuna contra el Tdap como un preadolescente, consulte con el médico o la enfermera de su hijo sobre cómo obtener la vacuna ahora.

Vacuna antimeningocócica

La vacuna antimeningocócica conjugada protege contra algunas de las bacterias que pueden causar meningitis (inflamación del revestimiento alrededor del cerebro y médula espinal) y septicemia (una infección en la sangre). Los preadolescentes necesitan la primera vacuna meningocócica cuando tienen entre 11 o 12 años de edad y una segunda vacuna meningocócica a los 16 años. Los adolescentes que recibieron la vacuna meningocócica cuando tenían 13, 14 o 15 años de edad todavía deben recibir una segunda vacuna a los 16 años de edad. Los adolescentes mayores que no han recibido todas las vacunas antimeningocócicas deben recibir una dosis tan pronto como sea posible.

Vacuna contra el VPH

Las vacunas contra el virus del papiloma humano (VPH) ayudan a proteger a niñas y niños contra la infección por VPH y el cáncer causado por el VPH. Todos los preadolescentes necesitan vacunación VPH para que puedan protegerse contra las infecciones por VPH que causan cáncer. La vacunación contra VPH es una serie de vacunas administradas durante varios meses. Los adolescentes y adultos jóvenes que no empiezan o terminan la serie de vacunas contra el VPH también necesitan la vacunación contra el VPH. La mejor manera de recordarse de que su hijo reciba todas las vacunas que necesita es hacer una cita para las vacunas restantes antes de irse del consultorio médico o clínica.

Vacuna contra la gripe

La vacuna anual contra la gripe es la mejor manera de reducir las posibilidades de contraer gripe estacional y contagiar a otras personas. Incluso los adolescentes y preadolescentes sanos pueden enfermarse de la gripe y contagiar a los demás.

Mientras que los preadolescentes y adolescentes deben recibir una vacuna contra la gripe, es especialmente importante para aquellos con condiciones crónicas de salud tales como asma, diabetes y enfermedades del corazón que se vacunen. El mejor momento para vacunarse contra la gripe es tan pronto como esté disponible en su comunidad, a ser posible antes de octubre. Mientras que es mejor vacunarse antes de que la gripe comience a causar enfermedad en su comunidad, la vacuna contra la gripe puede ser beneficiosa mientras los virus de la influenza estén circulando, incluso en enero o después.

¿Cuándo debe vacunarse mi hijo?

Un buen momento para obtener estas vacunas es durante un chequeo de salud anual. Su preadolescente o adolescente también puede recibir estas vacunas en un examen físico para deportes, la escuela o el campamento. Es una buena idea preguntar al médico o enfermera cada año si hay alguna vacuna que su hijo pueda necesitar.

¿Qué más debo saber acerca de estas vacunas?

Estas vacunas han sido todas estudiadas muy cuidadosamente y además son seguras. Las mismas pueden causar efectos secundarios leves, como dolor o enrojecimiento en la parte del brazo donde se administró la inyección. Algunos preadolescentes y adolescentes podrían desmayarse después de recibir una vacuna. Sentarse o acostarse al recibir una vacuna y luego durante unos 15 minutos después de la vacuna puede ayudar a prevenir el desmayo. Los efectos secundarios graves son raros. Es muy importante que informe al médico o enfermera si su hijo tiene alguna alergia grave, incluyendo alergias a la levadura, látex o huevos de gallina, antes de recibir todas las vacunas.

¿Cómo puedo obtener ayuda para pagar por estas vacunas?

El programa Vaccines for Children (VFC) ofrece vacunas para niños y jóvenes menores de 18 años de edad, que no están asegurados, son elegibles para Medicaid, que sean indio americano o nativo de Alaska. Puede encontrar más información sobre el programa VFC por Internet en www.cdc.gov e ingresando VFC en la caja de búsqueda.

¿Dónde puedo obtener más información?

Consulte con el médico o enfermera de su hijo acerca de qué vacunas él o ella pueda necesitar. También puede encontrar más información sobre las vacunas de los CDC para preadolescentes y adolescentes en el sitio web www.cdc.gov/vaccines/teens.



HMONG

**TSAB CAI KOM TXHAJ TSHUAJ RAU ME NYUAM KAWM NTAWV
COV HNUB NYOOG/QIB KAWM UAS YUAV TAU TXHAJ TSHUAJ**
STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

Nram qab no yog qhov tsawg kawg uas yuav tau txhaj cov tshuaj kom txhaj rau txhua lub hnuv nyoog/qib kawm raws li Wisconsin Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law). Cov tshuaj kom txhaj no kuj yuav zam tau vim los ntawm kev muaj mob, muaj kev ntseeg, los yog kev ntseeg ntawm tus kheej. Nws tseem muaj qhov pom zoo kom txhaj ntxiv rau koj tus me nyuam raws li nws lub hnuv nyoog. Thov hu rau koj tus kws kho mob los yog fab saib xyuas kev noj qab haus huv hauv zos kom paub seb koj tus me nyuam puas yuav tau txhaj tshuaj ntxiv.

Qib Kawm/Hnuv Nyooog (Grade/Age)	Tus Naj Npawb ntawm Cov Koob Txhaj (Number of Doses)					
Pre-K (hnuv nyooog 2 txog 4 xyooos) ¹	4 DTaP/DTP/DT ²	3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸	
Kindergarten txog Grade 5	4 DTaP ¹ /DTP/DT/Td ^{2,3}	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸	
Grades 6 txog 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸

- Cov me nyuam > hnuv nyooog 4 xyooos uas muaj npe kawm qib Pre-K yuav tsum tau muab lawv los txheeb xyuas seb puas tau txhaj cov koob tshuaj tiv thaiv kab mob uas yuav tsum txhaj rau qib Kindergarten txog Qib 5 uas feem ntau yeej mus raws li tus me nyuam lub hnuv nyooog.
- D= diphtheria, T= tetanus, P= pertussis tshuaj txhaj. DTaP/DTP/DT/Td tshuaj txhaj rau tas nrho cov me nyuam kawm ntawv **Pre-K mus txog 12**: Yuav tsum tau txhaj plaub koob (doses). Tab sis, yog ib tus me nyuam kawm ntawv tau txhaj koob thij 3rd tom qab hnuv yug nto 4 xyooos lawm, ces tsis tas txhaj ntxiv lawm. Nco cia: ib koob uas txhaj plaub hnuv los yog tsawg dua ua ntej hnuv yug nto 4 xyooos kuj txais yuav tau thiab.
- DTaP/DTP/DT tshuaj txhaj rau cov me nyuam **nkag mus kawm Kindergarten**: Txhua tus me nyuam yuav tsum tau txhaj ib koob tom qab hnuv yug nto 4 xyooos (koob thij 3rd, 4th, los yog 5th) kom ua tau raws txoj cai. Nco cia: ib koob uas txhaj plaub hnuv los yog tsawg dua ua ntej hnuv yug nto 4 xyooos kuj txais yuav tau thiab.
- Tdap yog cov hluas tus mob kab xeb/mob voos (tetanus), mob qa hawj foob (diphtheria) thiab mob hnoos (acellular pertussis) ib qho tshuaj txhaj muab los txhaj ua ke. Yog ib tus me nyuam kawm ntawv tau txhaj ib koob tshuaj tiv thaiv tus mob kab xeb/mob voos (tetanus), xws li Td, li tsib xyooos ua ntej nkag mus kawm rau qib uas yuav tsum tau txhaj koob tshuaj Tdap, tus me nyuam kawm ntawv ua tau raws li txoj cai lawm thiab tsis tas txhaj ib koob tshuaj Tdap lawm.
- Tshuaj txhaj rau tus mob tuag npab tuag ceg (polio vaccine) rau cov me nyuam kawm ntawv nkag mus kawm qib **Kindergarten mus txog 12**: Yuav tsum tau txhaj plaub koob. Tab sis, yog ib tus me nyuam kawm ntawv tau txhaj koob thij 3rd tom qab hnuv yug nto 4 xyooos, ces tsis tas txhaj ntxiv lawm. Nco cia: ib koob uas txhaj plaub hnuv los yog tsawg dua ua ntej hnuv yug nto 4 xyooos kuj txais yuav tau.
- Ntawv pov thawj kuaj pom tseeb tias cov roj ntsha hauv nruab nrog cev tiv thaiv tau tus kab mob rau daim siab B (hepatitis B) kuj txais yuav tau thiab.
- MMR yog tshuaj txhaj rau tus mob qhua pias (measles), mob qog (mumps), thiab mob ua qoob (rubella). Koob thij ib ntawm hom tshuaj MMR yuav tsum muab txhaj rau ntawm los yog tom qab thawj zaus uas nto ib xyooos (first birthday). Nco cia: ib koob uas txhaj plaub hnuv los yog tsawg dua ua ntej hnuv yug nto 1 xyooos kuj txais yuav tau thiab. Ntawv pov thawj kuaj pom tseeb tias cov roj ntsha hauv nruab nrog cev tiv thaiv tau tas nrho peb hom mob (measles thiab mumps thiab rubella) kuj txais yuav tau thiab. *Lus Cim: txhaj ib koob plaub hnuv ua ntej los yog tsawg dua ua ntej lub hnuv yug nto 1 xyooos los kuj txais yuav tau thiab.*
- Hom tshuaj txhaj rau tus mob ua qhua taum (varicella) yog hom tshuaj txhaj rau tus mob qhua taum (chickenpox). Ntawv keeb kwm qhia tias tau muaj tus mob qhua taum (chickenpox) yav dhau los los yog ntawv pov thawj kuaj pom tseeb tias cov roj ntsha hauv nruab nrog cev tiv thaiv tau tus mob ua qhua taum (varicella) kuj txais yuav tau thiab.



**DAIM NTAWV TEEV ME NYUAM KAWM NTAWV KEV TXHAJ TSHUAJ
 STUDENT IMMUNIZATION RECORD**

LUS QHIA RAU NIAM/TXIV: UA KOM TIAV THIAB XA MUS RAU TSEV KAWM NTAWV TSIS PUB DHAU 30 HNUB TOM QAB TAU KAWM NTAWV LAWAM. Lub xeev tsab cai kom tas nrho cov me nyuam kawm ntawv hauv cov tsev kawm ntawv luam thiab tsev kawm ntawv ntiav muaj ntaub ntawv pov thawj txog kev txhaj tshuaj tiv thaiv ib txhia kab mob **tsis pub dhau 30 hnuub tom qab tau kawm ntawv lawm**. Cov ntaub ntawv qhia txog lub hnuub nyoog tam sim no/kawm nyob qib twg uas yuav tsum tau txhaj koob txhuaj twg muaj nyob hauv cov tsev kawm ntawv thiab cov chaw ua hauj lwm saib xyuas kev noj qab haus huv. Yuav kom zam tsis raug txhaj tshuaj mas yuav tsum muaj npe lus kos npe thov kom zam tsis pub txhaj tshuaj vim muaj mob, muaj kev ntseeg ntuj/dab qhuas los yog kev ntseeg ntawm tus kheej tso rau hauv tsev kawm ntawv nkaus xwb. Lub hom phiaj ntawm daim ntawv (form) no tsuas yog ntsuas txog qhov ua kom raws li txoj cai thiab tsuas muab siv rau txoj hauj lwm ntawd nkaus xwb. Yog koj muaj lus nug txog kev txhaj tshuaj los yog yuav ua daim ntawv no kom tiav li cas, hu rau koj tus me nyuam lub tsev kawm ntawv los yog qhov chaw ua hauj lwm saib xyuas kev noj qab haus huv ntawm koj.

QHIA TXOG TUS KHEEJ (PERSONAL DATA) THOV SAU KOM POM ZOO (PLEASE PRINT)

Kauj Ruam 1	Tus Me Nyuam Kawm Ntawv Lub Npe	Hnuub Yug (Hli/Hnuub/Xyoo)	Poj Niam/Txiv Neej	Tsev Kawm Ntawv	Qib	Xyoo Kawm Ntawv
	Niam Txiv/Tus Saib Xyuas Lub Npe	Chaw Nyob (Txoj Kev, Lub Zos, Xeev, Zip Code)			Xov Tooj ()	

KEEB KWM TXHAJ TSHUAJ (IMMUNIZATION HISTORY)

Kauj Ruam 2	Teev lub HLI, HNUB, THIAB XYOO uas koj tus me nyuam tau txhaj cov tshuaj nram qab no. TSIS TXHOB SIV TUS CIM (✓) LOS YOG (X) tshwj yog teb rau lo lus nug txog tus mob qoob hlw dej (chickenpox) no xwb, Tdap or Td. Yog koj tsis muaj daim keeb kwm ntawv txhaj tshuaj rau tus me nyuam kawm ntawv no nyob hauv tsev, hu rau koj tus kws kho mob los yog qhov chaw ua hauj lwm saib xyuas kev noj qab haus huv ntawm koj.					
	HOM TSHUAJ*	THAWJ KOOB Hli/Hnuub/Xyoo	KOOB THIB OB Hli/Hnuub/Xyoo	KOOB THIB PEB Hli/Hnuub/Xyoo	KOOB THIB PLAUB Hli/Hnuub/Xyoo	KOOB THIB TSIB Hli/Hnuub/Xyoo
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
	Txhaj ntxiv thaum nto hluas lawm (Kos rau qhov yog) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
	Polio					
	Hepatitis B					
	MMR (Measles, Mumps, Rubella)					
	Cov tshuaj Varicella (Chickenpox) Tsuas yog siv tau rau koj tus me nyuam uas tsis tau raug tus mob chickenpox xwb. Xyuas hauv qab no.					
	Koj tus me nyuam puas tau mob Varicelle (chickenpox) dua los lawm? Kos ib lub voj voos hauv qab no uas teb raug los lus nug no thiab qhia lub xyoo yog hais tias koj paub: <input type="checkbox"/> Tau Mob Dua Lawm (Yes) _____ xyoo (Tsis tas txhaj tshuaj lawm) <input type="checkbox"/> Tsis Tau Mob Dua (No) los yog Tsis Paub Tseeb (Yuav tau txhaj tshuaj)	Koj tus me nyuam puas tau tso ntshav kuaj (titer) uas ua rau pom tias yuav kis tsis tau tus mob (tau muaj tus mob los yog tau txhaj tshuaj los lawm) rau ib tus mob twg nram qab no (kos rau tas nrho cov hais raug)? <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B Yog TAU, muab daim (cov) ntawv kuaj				

YAM YUAV TSUM TAU UA (REQUIREMENTS)

Kauj Ruam 3	Mus xyuas daim ntawv qhia txog lub hnuub nyoog/kawm nyob qib twg rau lub xyoo kawm ntawv no kom paub seb tus me nyuam kawm ntawv no puas tau txhaj cov tshuaj kom puv raws li qhov yuav tsum tau txhaj.
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MUAJ TXHIJ TAS RAWS LI TXOJ CAI (COMPLIANCE DATA)

Kauj Ruam 4	TUS ME NYUAM KAWM NTAWV MUAJ TXHIJ RAWS LI TXOJ CAI LAWAM Kos npe rau ntawm Kauj Ruam 5 thiab xa daim ntawv no rov qab mus rau tsev kawm ntawv. _____ Los Yog _____
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TUS ME NYUAM KAWM NTAWV TSIS TAU MUAJ TXHIJ RAWS LI TXOJ CAI

Kos rau lub voj voos npe lus hauv qab no seb qhov twg hais raug, kos npe rau Kauj Ruam 5, thiab xa daim ntawv rov qab mus rau tsev kawm ntawv. THOV NCO HAIS TIAS COV ME NYUAM KAWM NTAWV UAS TXHAJ TSHUAJ TSIS PUV TXHIJ TXHUA YUAV RAUG MUAB TSHEM TAWM HAUV TSEV KAWM NTAWV MUS YOG MUAJ IB TUS KAB MOB NTAWM COV MOB NO TSHWM SIM KIS THOUB QHOV TXHIA CHAW.

Txawm tias kuv tus me nyuam TSIS TAU txhaj TAS NRHO cov koob tshuaj uas yuav tsum tau txhaj los, THAWJ KOOB twb txhaj tas lawm. Kuv to taub hais tias koob THIB OB yuav tsum tau txhaj tsis pub dhau 90 hnuub tom qab tau kawm ntawv rau xyoo no, thiab KOOB THIB PEB thiab THIB PLAUB yog hais tias yuav tsum tau txhaj mas yuav txhaj tsis pub dhau 30 hnuub tom qab kawm ntawv xyoo tom ntej. Kuv tseem to taub hais tias nws yog kuv lub luag hauj lwm los mus sau ntawv ceeb toom rau tsev kawm ntawv paub txhua zaus kuv tus me nyuam tau txhaj koob tshuaj uas yuav tsum tau txhaj.

NCO NTSOOV: Yog ua tsis tau raws li cov caij nyoog uas tau teem los mus txhaj tshuaj tej zaum yuav ua rau raug rho tawm hauv tsev kawm ntawv mus, raug plaub ntug thiab/los yog raug nplua nyiaj.

COV NQE LUS THOV KOM ZAM TSIS TXHAJ TSHUAJ (WAIVERS) (Nyob rau Kauj Ruam 2 saum toj no, teev cov hnuub rau cov koob tshuaj twg uas koj tus me nyuam tau txhaj lawm).

Vim kev mob nkeeg yuav tsum tsis txhob txhaj cov koob tshuaj no rau tus me nyuam kawm ntawv o _____

_____ **KOS NPE** – Tus Kws Kho Mob

_____ Hnuub Kos Npe

Vim kev ntseeg ntuj/dab qhuas, kuv tau xaiv tsis txhaj cov koob tshuaj nram qab no rau tus me nyuam kawm ntawv no (kos rau tas nrho cov hais raug).

DTPaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

Vim kev ntseeg ntawm tus kheej, kuv tau xaiv tsis txhaj cov koob tshuaj nram qab no rau tus me nyuam kawm ntawv no (kos rau tas nrho cov hais raug).

DTPaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

**Kauj
Ruam 5**

KOS NPE

Daim ntawv no ua tiav thiab muaj tseeb raws li qhov kuv paub. Qhov kos npe rau daim ntawv (form) no kuv tso cai muab kuv tus me nyuam tej ntawv txhaj tshuaj qhia rau Wisconsin Immunization Registry thiab kuv qhov chaw txhaj tshuaj. Kos rau ntawm no yog koj tsis kam tso cai

KOS NPE – Niam Txiv/Tus Muaj Cai Saib Xyuas los yog Tus Me Nyuam Kawm Ntawv Muaj Hnub Nyooog Lawm (Adult Student) Hnub Kos Npe

TSAB NTAWV CEEB TOOM RAWWS CAI
Cov Tshuaj Yuav Tsum Tau Txhaj (cov koob tshuaj) Thiaj Pub Kawm Wisconsin Cov
Tsev Kawm Ntawv

LEGAL NOTICE: REQUIRED IMMUNIZATIONS (SHOTS) FOR ADMISSION TO WISCONSIN SCHOOLS

Xa Rau Niam Txiv, Tus Saib Xyuas los yog Tus Muaj Cai Saib Xyuas ntawm _____
Qib Kawm (Grade) _____

Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Student Immunization Law) hais tias txhua tus me nyuam kawm ntawv mus txog rau qib 12 yuav tsum tau txhaj tshuaj tsawg kawg kom tau raws li tus naj npawb ntawm cov tshuaj kom txhaj ua ntej nkag mus kawm ntawv. Txoj cai no tsuas zam tau rau kev muaj mob, kev ntseeg, los yog kev ntseeg yus tus kheej nkaus xwb. Raws li peb cov ntaub ntawv khaws tseg, koj tus me nyuam ua tsis tau raws li txoj cai vim tsis muaj ntaub ntawv txhaj tshuaj rau koj tus me nyuam nyob tom tsev kawm ntawv los yog yuav tau txhaj qhov (cov) tshuaj (saib qhov muab kos rau hauv qab no seb yog vim li cas thiaj ua tsis tau raws txoj cai) thiab tsis muaj ib daim ntawv zam tsis tas txhaj tshuaj (waiver) nyob hauv peb cov ntaub ntawv. Kom ua tau raws li txoj cai, thov sau lub hlis, hnuv thiab xyoo uas koj tus me nyuam tau txhaj qhov (cov) tshuaj uas yuav tsum tau txhaj rau ntawm Me Nyuam Kawm Ntawv Daim Ntawv Txhaj Tshuaj (Student Immunization Record) uas muab nrog tuaj ua ke no, los yog xaiv ib qho ntawm cov kev zam ua ntej [enter 30th school day] thiab muab daim foos xa rov qab mus rau koj tus me nyuam lub tsev kawm ntawv. Yog ua tsis tau raws li hais no yuav ua rau raug rho tawm hauv tsev kawm ntawv mus, raug plaub ntug, thiab/los yog raug nplua nyiaj. Yog koj muaj lus nug dab tsi hais txog tsab ntawv ceeb toom no los yog yuav ua li cas thiaj tau txhaj cov tshuaj uas hais kom txhaj, thov hu rau koj tus me nyuam lub tsev kawm ntawv.

Yog vim li cas thiaj ua tsis tau raws txoj cai:

Tsis Muaj Ntaub Ntawv Khaws Tseg

Raws li peb lub tsev kawm ntawv cov ntaub ntawv khaws tseg, yuav tsum tau txhaj cov tshuaj nram qab no:

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

¹ Yog hais tias koj tus me nyuam muaj ntawv kuaj tau pom tseeb tias koj tus me nyuam cov roj ntsha tiv thaiv tau (immune) tus mob qhua piav (measles) thiab tus mob qog (mumps) thiab tus mob ua qoob (rubella), los yog muaj ntawv kuaj tau pom tseeb tias koj tus me nyuam cov roj ntsha tiv thaiv tau tus mob rau daim siab b (hepatitis B), los yog muaj ntawv kuaj tau pom tseeb tias koj tus me nyuam cov roj ntsha tiv thaiv tau tus mob ua qhua taum (varicella), muab cov ntawv kuaj tau rau lub tsev kawm ntawv. Yog hais tias cov ntawv kuaj tau no txais yuav tau, ces koj tus me nyuam tsis tas txhaj tshuaj tiv thaiv hom (cov) mob uas nws cov roj ntsha twb tiv thaiv tau lawm.

² Yog hais tias koj tus me nyuam twb muaj tus mob qhua taum (chickenpox) los lawm, tsis tas txhaj koob tshuaj varicella lawm. Kos "tau" rau los lus nug txog tus mob qhua taum (chickenpox) ntawm Me Nyuam Kawm Ntawv Daim Ntawv Txhaj Tshuaj uas muab tuaj ntawm no thiab sau hnuv uas muaj tus mob rau, yog paub.

³ Yog koj tus me nyuam twb tau txhaj ib koob tshuaj tiv thaiv tus mob kab xeb/mob voos (tetanus) lawm, xws li koob tshuaj Td, li 5 xyoo dhau los thaum nws nkag mus kawm rau qib uas yuav tsum tau txhaj koob tshuaj Tdap, ces koj tus me nyuam ua tau raws li txoj cai lawm ces tsis tas txhaj koob tshuaj Tdap lawm.

Ua tsaug rau qhov koj txoj muab kev koom tes.

Tsev Kawm Ntawv

Xov Tooj

Tsev Kawm Ntawv Tus Neeg Ua Hauj Lwm (Npe Ntawm Txoj Hauj Lwm Tuav)

Hnub xa tawm

Muab tuaj ua ke ntawm no: Me Nyuam Kawm Ntawv Daim Ntawv Txhaj Tshuaj (Student Immunization Record)

Tsab Ntawv Ceeb Toom Txog Qhov Muab Rho Tawm
NOTICE OF EXCLUSION

Hnub Tim:

Nyob Zoo Niam Txiv:

Tsab Ntawv Ceeb Toom Raws Cai uas muab ua ke tuaj ntawm no qhia rau koj paub tias tam sim no koj tus me nyuam ua tsis tau raws li Wisconsin Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law) thiab yog vim li no koj tus me nyuam yuav raug muab rho tawm hauv lub tsev kawm ntawv no mus rau thaum [*enter 31st school day*].

Yuav kom koj tus me nyuam tau kawm ntawv mus ntxiv los yog rov qab tau kawm dua tom qab muab nws rho tawm, koj yuav tau ua ib qho nram qab no:

- (1) Muab hnub uas tau txhaj qhov (cov) tshuaj uas yuav tsum tau txhaj (lub hlis, hnub, thiab xyoo) rau lub tsev kawm ntawv no uas yog muab tau los ntawm koj tus me nyuam cov ntaub ntawv kho mob los yog muab los ntawm Wisconsin Qhov Chaw Rau Npe Cov Neeg Txhaj Tshuaj [Wisconsin Immunization Registry](#). Rau ntawm hom tshuaj txhaj rau tus mob ua qhua taum (varicella) (chickenpox), ib daim ntawv qhia txog keeb kwm tau muaj tus mob yav dhau los kuj muab siv tau rau qhov no. Ntawv pov thawj kuaj pom tseeb tias cov roj ntsha hauv nruab nrog cev tiv thaiv tau tus mob kuj txais yuav tau rau cov mob no thiab: mob qhua piav (measles), mob qog (mumps), mob ua qoob (rubella), mob rau daim siab B (hepatitis B), thiab ua qhua taum (varicella).

LOS YOG

- (2) Ua ib daim ntawv zam tsis tas txhaj tshuaj (claim a waiver).

Siv Me Nyuam Kawm Ntawv Daim Ntawv Txhaj Tshuaj (Student Immunization Record) uas muab nrog tuaj ntawm no los mus teev cov kev txhaj tshuaj uas tau muab piav los saum toj no.

Tsab Cai Kom Txhaj Tshuaj hauv Wisconsin (Immunization Law in Wisconsin) yog tsim tsa los tiv thaiv txhua tus me nyuam ntawm cov mob uas muaj tshuaj pab tiv thaiv tau. Tsab cai tau hais kom cov tsev kawm ntawv uas yog tsoom fwm li (public schools) hauv cov cheeb tsam tsev kawm ntawv (school districts) uas muaj tsawg dua 99% ntawm theem ua raws txoj cai kom muab cov me nyuam kawm ntawv uas ua tsis raws cai nyob qib kindergarten txog qib 5 rho tawm hauv tsev kawm ntawv mus. Tsab cai kuj tseem siv rau cov tsev kawm ntawv uas tsis yog tsoom fwm li (private schools) thiab. Cov tsev kawm ntawv uas tsis yog tsoom fwm li uas muaj tsawg dua 99% ntawm theem ua raws txoj cai yuav tsum muab cov me nyuam kawm ntawv uas ua tsis raws cai nyob qib kindergarten txog qib 5 rho tawm hauv tsev kawm ntawv mus. Ib tus me nyuam kawm ntawv uas ua tsis raws cai yog tus uas “poob qab txhaj tsis tas cov koob tshuaj uas tau teem tseg” (behind schedule) los mus txhaj hom (cov) tshuaj uas yuav tau txhaj, los yog tsis muaj ntaub ntawv txhaj tshuaj nyob hauv tsev kawm ntawv thiab tsis muaj ib daim ntawv kom zam tsis tas txhaj tshuaj nyob hauv cov ntaub ntawv khaws cia.

Ua tsaug rau qhov koj muab kev koom tes.

90th Day Letter-In Process

Hnub Tim:

Nyob Zoo Niam Txiv:

Raws li peb cov ntaub ntawv khaws tseg, koj tus me nyuam tseem nyob rau tus txheej txheem yuav tau txhaj kom puv tas nrho cov koob tshuaj thiaj tau mus kawm ntawv hauv Wisconsin. Peb thov nqua huv kom koj hu mus teem sij hawm txhaj cov koob tshuaj thiab koj tus me nyuam mus txhaj cov tshuaj kom puv kom ntseeg tau tias koj tus me nyuam tau txhaj cov tshuaj puv raws li nws lub hnub nyoog.

Kev txhaj tshuaj yog ib qho ntawm cov hauv kev zoo tshaj plaws los mus tiv thaiv peb cov me nyuam ntawm tej kev mob thiab tej teeb meem uas yuav tshwm sim tau los ntawm cov mob no. Kev txhaj tshuaj tseem ceeb heev tshwj xeeb tshaj plaws yog rau cov me nyuam hnub nyoog kawm ntawv vim tias cov me nyuam nyob hauv tsev kawm ntawv yog cov ntsib ze nrog lwm cov tsis tu ncuu uas tej zaum lawv kuj tau los yog tseem tsis tau txhaj tshuaj tiv thaiv cov mob no.

Kom ua tau raws li Wisconsin Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law), thov hu rau koj tus me nyuam tus kws kho mob es mus txhaj cov tshuaj uas yuav tau txhaj. Hais kom koj tus me nyuam tus kws kho mob siv Wisconsin Qhov Chaw Rau Npe Cov Neeg Txhaj Tshuaj (Wisconsin Immunization Registry) thiab siv tej ntaub ntawv txhaj tshuaj uas koj muaj rau koj tus me nyuam los mus txiav txim seb cov tshuaj twg yog cov uas koj tus me nyuam yuav tau txhaj ntxiv. Yog hais tias koj tus me nyuam tsis muaj ib tus kws kho mob, thov hu rau *f* saib xyuas kev noj qab haus huv hauv koj lub zos (local health department) seb koj tus me nyuam puas mus txhaj tshuaj tau rau ntawm fab saib xyuas kev noj qab haus huv no. Koj yuav mus nrhiav tau tus xov tooj ntawm fab saib xyuas kev noj qab haus huv hauv zos nyob rau ntawm lub website no:

<https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Thov hais rau koj paub tias nyob rau lub caij nplooj ntoos zeeg ntawm xyoo kawm ntawv xyoo tom ntej no, peb yuav muab koj tus me nyuam cov ntawv txhaj tshuaj rov los txheeb xyuas dua kom paub tseeb tias tus me nyuam tau txhaj tshuaj puv raws li nws qib kawm los yog muaj ib daim ntawv zam (waiver) tsis tas txhaj tshuaj nyob hauv peb cov ntaub ntawv lawm. Yog tsis muaj ntaub ntawv txhaj tshuaj txaus rau koj tus me nyuam, tej zaum yuav tau kom nws nyob twj ywm hauv tsev es tsis txhob mus kawm ntawv.

Yog xav paub ntxiv txog cov tshuaj los yog kev txhaj tshuaj, thov mus saib lub website no: <http://www.cdc.gov/vaccines/vac-gen/default.htm>

Ua koj tsaug rau qhov koj pab peb ua kom tas nrho cov me nyuam hauv Wisconsin cov tsev kawm ntawv nyob kaj huv tsis muaj mob uas yog ib yam tiv thaiv tau los ntawm kev txhaj tshuaj.

90th Day Letter-Not Compliant (Behind Schedule or No Record)

Hnub Tim:

Nyob Zoo Niam Txiv:

Raws li peb cov ntaub ntawv khaws tseg, xyoo kawm ntawv no koj tus me nyuam ua tsis tau raws li Wisconsin Tsab Cai Kom Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law). Qhov no txhais hais tias koj tus me nyuam tsis muaj ntaub ntawv tias tau txhaj cov tshuaj uas yuav tau txhaj thiab tsis muaj ib daim ntawv zam (waiver) tsis tas txhaj tshuaj nyob hauv peb cov ntaub ntawv.

Kev txhaj tshuaj yog ib qho ntawm cov hauv kev zoo tshaj plaws los mus tiv thaiv peb cov me nyuam ntawm tej kev mob thiab tej teeb meem uas yuav tshwm sim tau los ntawm cov mob no. Kev txhaj tshuaj tseem ceeb heev tshwj xeeb tshaj plaws yog rau cov me nyuam hnub nyoog kawm ntawv vim tias cov me nyuam nyob hauv tsev kawm ntawv yog cov ntsib ze nrog lwm cov tsis tu ncuu uas tej zaum lawv kuj tau los yog tseem tsis tau txhaj tshuaj tiv thaiv cov mob no.

Hauv cov hli yuav los tom ntej no, peb thov nqua hu kom koj hu rau koj tus me nyuam tus kws kho mob es mus txhaj cov tshuaj uas yuav tau txhaj. Hais kom koj tus me nyuam tus kws kho mob siv Wisconsin Qhov Chaw Rau Npe Cov Neeg Txhaj Tshuaj (Wisconsin Immunization Registry) thiab siv tej ntaub ntawv txhaj tshuaj uas koj muaj rau koj tus me nyuam los mus txiav txim seb cov tshuaj twg yog cov uas koj tus me nyuam yuav tau txhaj ntxiv. Yog hais tias koj tus me nyuam tsis muaj ib tus kws kho mob, thov hu rau fab saib xyuas kev noj qab haus huv hauv koj lub zos (local health department) seb koj tus me nyuam puas mus txhaj tshuaj tau rau ntawm fab saib xyuas kev noj qab haus huv no. Koj yuav mus nrhiav tau tus xov tooj ntawm fab saib xyuas kev noj qab haus huv hauv zos nyob rau ntawm lub website no:

<https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Thov hais rau koj paub tias nyob rau lub caij nplooj ntoos zeeg ntawm xyoo kawm ntawv xyoo tom ntej no, peb yuav muab koj tus me nyuam cov ntawv txhaj tshuaj rov los txheeb xyuas dua kom paub tseeb tias tus me nyuam tau txhaj tshuaj puv raws li nws qib kawm los yog muaj ib daim ntawv zam (waiver) tsis tas txhaj tshuaj nyob hauv peb cov ntaub ntawv lawm. Yog tsis muaj ntaub ntawv txhaj tshuaj txaus rau koj tus me nyuam, tej zaum yuav tau kom nws nyob twj ywm hauv tsev es tsis txhob mus kawm ntawv.

Yog xav paub ntxiv txog cov tshuaj los yog kev txhaj tshuaj, thov mus saib lub website no: <http://www.cdc.gov/vaccines/vac-gen/default.htm>

Ua koj tsaug rau qhov koj pab peb ua kom tas nrho cov me nyuam hauv Wisconsin cov tsev kawm ntawv nyob kaj huv tsis muaj mob uas yog ib yam tiv thaiv tau los ntawm kev txhaj tshuaj.

Daim Ntawv Qhia Qhov Tseeb rau Cov Niam Cov Txiv

Yuav Tsum Tau Txhaj Tshuaj Tdap rau Cov Me Nyuam Kawm Ntawv Middle thiab High School



FACT SHEET FOR PARENTS: TDAP REQUIREMENTS FOR MIDDLE AND HIGH SCHOOL STUDENTS

Wisconsin Tsab Cai Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv (Wisconsin Student Immunization Law) tau hais kom tas nrho cov me nyuam kawm ntawv uas nkag mus kawm qib 6 txhaj ib koob tshuaj Tdap. Yog yuav kom ua tau raws li tsev kawm ntawv tsab cai, cov niam cov txiv yuav tsum muab daim ntawv pov thawj uas tau txhaj tshuaj rau lawv tus me nyuam lub tsev kawm ntawv los yog ua ib daim ntawv kom zam tsis tau txhaj tshuaj (waiver).

1. Tdap yog dab tsi?

Tdap yog ib koob tshuaj txhaj tiv thaiv tawm tsam tus kab mob voos (Tetanus), qa foob (Diphtheria), thiab hnoos hawb pob (Pertussis) (whooping cough/hnoos qhuj qhem).

2. Cov kawm nyob qib (grades) twg yog cov raug txhaj tshuaj thiab yog hom tshuaj twg?

Tas nrho cov me nyuam kawm ntawv uas nkag mus kawm qib 6 mus txog 12 yuav tsum tau txhaj ib koob tshuaj Tdap.

3. Cov niam cov txiv yuav tau ua dab tsi?

Coj koj tus me nyuam mus txhaj koob tshuaj Tdap yog hais tias nws tseem tsis tau txhaj koob tshuaj no. Sau hnuv uas txhaj qhov tshuaj rau hauv lub voj (box) uas nyob rau ntawm Daim Ntawv Teev Kev Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv uas muab tuaj ua ke ntawm no, kos npe rau daim foos thiab muab xa rov qab mus rau tom koj tus me nyuam lub tsev kawm ntawv. Nco ntsoov sau hnuv uas txhaj koob tshuaj Tdap ntxiv rau hauv daim ntawv txhaj tshuaj uas yuav nyob mus li uas koj khaws cia rau koj tus me nyuam. Yav tom ntej, tej zaum koj tus me nyuam tseem yuav tau muab cov hnuv txhaj tshuaj no rau lwm cov tsev kawm ntawv, cov tsev kawm ntawv qib siab los yog cov tswv hauj lwm. Yog yuav ua daim ntawv kom zam tsis txhaj tshuaj (waiver) vim los ntawm kev mob nkeeg, kev ntseeg ntuj los yog tus kheej txoj kev ntseeg, ua raws nraim li cov lus qhia nyob rau ntawm Daim Ntawv Teev Kev Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv thiab muab daim foos uas muaj npe kos rau xa rov qab mus rau koj tus me nyuam lub tsev kawm ntawv.

4. Puas muaj cov kev zam rau ntawm qhov uas yuav tsum tau txhaj hom tshuaj Tdap?

Muaj. Yog koj tus me nyuam twb tau txhaj koob tshuaj tiv thaiv tus kab mob voos (tetanus) lawm (xws li tau txhaj koob tshuaj Td) hauv 5 lub xyoos ua ntej nws nkag mus kawm qib uas yuav tsum tau txhaj, ces koj tus me nyuam tau ua raws li qhov kom txhaj lawm es tsis tas txhaj koob tshuaj Tdap lawm. Kos ib kab rau ntawm lub voj (box) uas sau tus ntawv "Td" ntawm Daim Ntawv Teev Kev Txhaj Tshuaj Rau Me Nyuam Kawm Ntawv, sau hnuv uas tau txhaj koob tshuaj ntawd thiab muab daim foos uas muaj npe kos rau lawm xa rov qab mus rau tsev kawm ntawv.

5. Yog kuv tus me nyuam twb tau txhaj koob tshuaj Tdap raws li kom txhaj lawm nws puas yuav tsum tau rov qab txhaj dua ib koob thaum nws mus kawm rau ib qib txawv?

Tsis txhaj lawm. Koob tshuaj Tdap tsuas kom txhaj ib zaug xwb. Thaum ib tus me nyuam tau txhaj raws li qhov uas yuav tsum tau txhaj rau qib kawm ntawd lawm, ces tsis kom txhaj ntxiv lawm. Muab ua lwm lo lus hais, ib tus me nyuam kawm ntawv uas tau txhaj koob tshuaj Tdap ua ntej pib kawm qib 6 tsis tas txhaj ntxiv lawm. Yog ib tus me nyuam tau txhaj koob tshuaj Tdap tsis tau muaj 5 xyoos thaum nkag mus kawm qib 6, tus me nyuam ntawd tau ua raws li qhov yuav tsum tau txhaj koob tshuaj Tdap lawm (tab txawm nws tsis tau txhaj koob tshuaj Tdap kiag) thiab yuav tsis kom txhaj koob tshuaj Tdap tam sim no los yog thaum mus kawm hauv ib qib twg rau yav tom ntej.

6. Yog kuv tus me nyuam twb muaj tus mob hnoos (pertussis) (hnoos qhuj qhem), nws puas tseem yuav tsum tau txhaj koob tshuaj Tdap thiab?

Ib qho keeb kwm uas muaj tus mob hnoos yav dhau los tsis yog ib qho yuav muab siv tau kom zam tsis txhaj koob tshuaj Tdap. Cov me nyuam uas twb muaj tus mob hnoos los lawm los tseem yuav tsum tau txhaj koob tshuaj Tdap vim tsis paub hais tias qhov kev tiv thaiv los ntawm tus mob yuav kav ntev npaum cas thiab vim qhov yuav tshawb kom paub tseeb tias yog tus mob tsis yog ib qho yooj yim.

7. Kuv yuav coj kuv tus me nyuam mus txhaj koob tshuaj Tdap qhov twg?

Tdap muaj nyob rau ntawm koj tus me nyuam tus kws kho mob, hauv qhov chaw saib xyuas kev noj qab haus huv hauv zos (local health department) thiab hauv ib cov khw muag tshuaj. Thov coj koj tus me nyuam mus txhaj tshuaj ua ntej tsev kawm ntawv qhib kom zam lub caij ntuj sov yuav tas es ho yuav tau maj ceev mus rau ntawm tus kws kho mob qhov chaw ua hauj lwm thiab cov chaw txhaj tshuaj.

8. Yog vim li cas thiaj yuav tsum tau txhaj hom tshuaj Tdap?

Mob hnoos yog ib hom mob hanyav phom sij heev. Nws kis yooj yim ntawm ib tus neeg-mus rau-ib tus neeg thiab yuav ua tau rau cia li kis thooob plaws mus rau sawv daws hauv cov tsev kawm ntawv. Wisconsin tau ntsib tus mob hnoos uas cia li kis thooob plaws lub xeev ob zaug hauv 10 lub xyoo dhau los. Cov neeg tau tus mob hnoos yuav tsum nyob hauv tsev tsis txhob mus ua hauj lwm los yog mus kawm ntawv yam tsawg kawg yog 5 hnuv. Cov kev tshawb nrhiav tau ua rau pom tias txoj kev tiv thaiv uas tau txais los ntawm cov koob tshuaj DTP/DTaP uas tau txhaj thaum tseem yog ib tus me nyuam hluas yeej pib muaj tsawg txog 5 mus rau 10 xyoos tom qab txhaj tshuaj; koob tshuaj txhaj Tdap yuav pab rau txoj kev tawm tsam tus kab mob ntawd kom zoo dua qub thiab pab tiv thaiv koj tus tub los yog ntxhais hluas los ntawm tus mob hnoos.

9. Puas muaj lwm cov tshuaj txhaj uas pom zoo kom txhaj rau kuv tus tub los yog ntxhais hluas?

Muaj. Nws muaj lwm cov tshuaj peb yam uas kheev pom zoo kom muab txhaj rau cov hluas. Hom tshuaj Human Papillomavirus Vaccine (HPV) yog tiv thaiv tawm tsam ib tus kab mob uas yog tus ib txwm kheev ua rau mob khees-xaws. Hom tshuaj txhaj (meningococcal conjugate vaccine) yog tiv thaiv tawm tsam tus mob rau daim npog hlwb (meningitis), thiab pom zoo kom txhaj hom tshuaj tiv thaiv tus mob khaub thuas (influenza vaccine) txhua xyoo rau txhua tus uas muaj hnuv nyoog 6 lub hlis thiab tshaj saud.

10. Kuv yuav mus nrhiav tau ntaub ntawv qhia kom paub ntxiv nyob qhov twg?

- Lub Hauv Paus rau Kev Tswj Kab Mob (Center for Disease Control, CDC):
<http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>
- Wisconsin Kev Pab Cuam Tshaj Tshuaj (Wisconsin Immunization Program):
<https://www.dhs.wisconsin.gov/immunization/pertussis.htm>
- Koj tus me nyuam tus kws kho mob los yog qhov chaw saib xyuas kev noj qab haus huv hauv zos



WISCONSIN DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASES
IMMUNIZATION PROGRAM
P-00039 (Rev. 07/2015)



Pom Zoo Xav Kom Txhaj Tshuaj thaum Muaj Hnub Nyoog 11-12 Xyoos: Qhov Uas Cov Niam Txiv Yuav Tsum Paub

Vim li cas kuv tus me nyuam thiaj li yuav tsum tau txhaj tshuaj tam sim no?

Cov tshuaj txhaj tsis yog txhaj rau cov me nyuam mos liab nkaus xwb. Ib cov tshuaj uas muab txhaj rau cov mos liab yuav dua mus tau thaum lawv loj tuaj lawm. Thiab thaum cov me nyuam loj hlob lawm tej zaum lawv kuj yuav raug ntau yam mob txawv dua thaum lawv tseem mos liab. Nws muaj cov tshuaj txhaj uas yuav pab tiv thaiv tau koj tus me nyuam ua ntej nws nto hluas los yog twb nto hluas lawm los ntawm lwm yam mob.

Yam tshuaj txhaj twg yog cov uas yuav tau txhaj rau kuv tus me nyuam?

Tshuaj Txhaj Tdap

Hom tshuaj txhaj no yuav pab tiv thaiv tawm tsam peb yam mob tseem ceeb: mob voos (tetanus), mob qa foob (diphtheria), thiab mob hnoos (pertussis) (hnoos hawb pob). Cov me nyuam ua ntej nto hluas yuav tau txhaj hom tshuaj Tdap thaum muaj hnub nyoog 11 xyoos los yog 12 xyoos. Yog hais tias koj tus tub ntxhais hluas tsis tau txhaj hom tshuaj Tdap thaum ua ntej nto hluas, nug lawv tus kws kho mob los yog tus kws tu mob hais txog txhaj koob tshuaj ntawd tam sim no.

Tshuaj Txhaj Meningococcal

Hom tshuaj txhaj meningococcal conjugate tiv thaiv tawm tsam ib cov kab mob uas ua tau tus mob rau daim tawv npog hlwb (meningitis) (o rau ntawm txoj kab nyob ncig cov paj hlwb thiab tus txha caj qaum) thiab tus mob septicemia (ua mob rau hauv cov ntshav). Cov me nyuam ua ntej nto hluas yuav tau xub txhaj koob tshuaj meningococcal thaum lawv muaj 11 xyoos los yog 12 xyoos thiab koob tshuaj meningococcal thib ob thaum hnub nyoog 16 xyoos. Cov tub ntxhais hluas uas tau txhaj koob tshuaj meningococcal thaum lawv muaj 13, 14, los yog 15 xyoos lawm los tseem yuav tau txhaj koob thib ob thaum hnub nyoog 16 xyoos. Cov tub ntxhais hluas uas muaj hnub nyoog tshaj no uas tsis tau txhaj cov koob tshuaj meningococcal los dua li yuav tsum tau mus txhaj ib koob kom sai li sai tau.

Tshuaj Txhaj HPV

Cov koob tshuaj human papillomavirus (HPV) pab tiv thaiv cov ntxhais thiab cov tub los ntawm tus mob HPV thiab tus mob kees xaws uas yog tus kab mob HPV ua kom mob. Tas nrho cov me nyuam ua ntej nto hluas yuav tau txhaj hom tshuaj HPV xwv kom thiaj li tiv thaiv tau lawv los ntawm cov kab mob HPV uas ua rau mob kees xaws. Hom tshuaj txhaj HPV yog ib cov koob tshuaj uas yuav tau txhaj sib law pis liag mus ntau lub hlis. Cov tub ntxhais hluas thiab cov hluas uas muaj hnub nyoog lawm uas tseem tsis tau pib los yog txhaj tas cov koob tshuaj HPV yuav tau txhaj hom tshuaj HPV thiab.

Txoj hau kev uas zoo tshaj plaws kom nco koj tus me nyuam mus txhaj kom puv tas nrho cov koob tshuaj uas nws yuav tau txhaj yog teem kom tau ib lub sij hawm mus txhaj cov koob tshuaj uas tseem tshuav ua ntej koj tawm ntawm tus kws kho mob qhov chaw ua hauj lwm los yog lub tsev kuaj mob mus.

Tshuaj Txhaj Mob Khaub Thuas (Flu)

Kev txhaj tshuaj tiv thaiv tus mob khaub thuas txhua xyoo yog txoj hau kev zoo tshaj plaws los mus txo qhov yuav kis tau tus mob khaub thuas raws caij nyoog thiab kis tus mob mus rau lwm tus. Tab txawm yog cov me nyuam ua ntej nto hluas thiab cov hluas yeej noj qab nyob zoo los lawv yeej muaj cuab kav tau tus mob khaub thuas hnyav heev thiab kis mus rau lwm tus. Txhawm tias tas nrho cov me nyuam ua ntej nto hluas thiab cov hluas yuav tau txhaj koob tshuaj khaub thuas los, nws yog ib qhov tseem ceeb tshwj xeeb rau cov uas muaj cov mob ntev tsis txawj zoo xws li mob hawb pob, mob ntshav qab zib, thiab mob plawv kom lawv mus txhaj koob tshuaj no. Lub sij hawm uas zoo tshaj plaws rau kev mus txhaj koob tshuaj tiv thaiv tus mob khaub thuas yog sai tom qab kiag uas muaj hom tshuaj no hauv koj lub zej zos, xws li yog thaum lub 10 Hlis. Txawm tias nws yog qhov zoo tshaj mus txhaj koob tshuaj mob khaub thuas ua ntej tus mob khaub thuas pib ua rau muaj mob rau hauv koj lub zej zos los, kev txhaj tshuaj mob khaub thuas yeej yog ib qhov zoo rau thaum lub sij hawm uas cov kab mob khaub thuas tseem kiv mus los ua mob rau sawv daws, tab txawm yuav yog lub 1 Hlis los yog tom qab ntawd.

Thaum twg yog thaum uas kuv tus me nyuam yuav tau txhaj tshuaj?

Lub sij hawm zoo los mus txhaj cov tshuaj no yog thaum uas mus tshuaj mob txwm xyoo. Koj tus me nyuam ua ntej nto hluas los yog tus hluas yuav txhaj tau cov tshuaj no thaum kom nws mus tshuaj ib ce rau kev kom txuj los yog kis las (sports), rau tsev kawm ntawv, los yog rau kev mus pw hav zoov (camp). Nws yog ib lub zoo tswv yim rau koj los mus nug tus kws kho mob los yog tus kws tu mob txhua xyoo seb puas muaj cov tshuaj txhaj twg uas koj tus me nyuam yuav tau txhaj.

Puas muaj lwm yam uas kuv yuav tau paub hais txog cov tshuaj txhaj no?

Cov tshuaj txhaj no twb tau muab koj los kawm yam ceev faj heev li lawm thiab cov tshuaj no yuav tsis ua rau muaj teeb meem dab tsi. Cov tshuaj yuav ua tau rau muaj lwm yam mob me ntsis, xws li mob los yog liab me ntsis rau ntawm sab npab uas nkaug koob tshuaj mus.

Ib cov me nyuam ua ntej nto hluas los yog cov hluas kuj yuav tsaus muag tom qab txhaj koob tshuaj. Yuav tau zaum los yog pw twj ywm thaum txhaj koob tshuaj thiab ces siv li thaj tsam 15 feeb tom qab txhaj koob tshuaj, yuav pab tau kom txhob tsaus muag. Qhov uas ua rau muaj lwm yam mob hnyav kuj muaj tsawg. Nws yog ib qho tseem ceeb los mus qhia rau tus kws kho mob los yog tus kws tu mob paub yog hais tias koj tus me nyuam muaj txhaum fab loj tsis haum yam dab tsi, xws li tsis haum rau yeast, latex, los yog qe qaib, ua ntej txhaj tshuaj rau nws.

Kuv yuav tau kev pab them rau cov tshuaj txhaj no li cas?

Qhov kev pab cuam Vaccines for Children (VFC) muaj cov tshuaj txhaj rau cov me nyuam hnub nyoog 18 xyoos thiab hluas dua, uas tsis muaj ntawv tuav pov hwm (not insured), muaj feem tau txais Medicaid raws cai, American Indian los yog Alaska Native. Koj mus nrhiav kom paub ntau ntxiv txog qhov kev pab cuam VFC uas yog mus nrhiav online ntawm www.cdc.gov thiab ntaus tus ntawv VFC hauv qhov chaw nrhiav (search box).

Kuv yuav mus nrhiav kom paub ntau ntxiv qhov twg?

Tham nrog koj tus me nyuam tus kws kho mob los yog tus kws tu mob hais txog cov tshuaj twg yog cov uas yuav tau txhaj. Koj kuj tseem mus nrhiav tau cov ntaub ntawv qhia txog cov tshuaj txhaj no nyob ntawm CDC's Vaccines for Preteens and Teens lub website ntawm www.cdc.gov/vaccines/teens.



Wisconsin Department of Health Services

Division of Public Health

P-90022H (10/2015)

For more information visit the CDC

Web www.cdc.gov/hpv



SOMALI

**SHARCIGA TALLAALKA ARDAYGA
SHURUUDAHA DA'DA/FASALKA**
STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

Waxa soo socdaa waa tallaalka ugu yar ee loo baahan yahay da/heer fasal kasta marka la eego Sharciga Tallaalka Ardayga Wisconsin (Wisconsin Student Immunization Law). Sharuudahaan waxaa looga dhaafi karaa caafimaadka, diiniyanka, ama sababaha xukunka shaqsiga. Tallaal dheeraad ah ayey dhici kartaa in lagugula taliyo ilmahaaga iyadoo ku xidhan da'diisa/da'deeda. Fadlan la xidhiidh dhakhtarkaaga ama waaxda caafimaadka deegaankaaga si aad u go'aamiso haddii ilmahaagu u baahan yahay tallaalka dheeraad ah.

Fasalka/Da'da	Tirada Marqaadashada				
Fasalka Barbaarinta Kahor (Da'aha 2 ilaa 4 jir) ¹	4 DTaP/DTP/DT ²	3 Dabaysha	3 Cagaarshow B ⁶	1 MMR ⁷	1 Busbus ⁸
Fasalka Barbaarinta ilaa Fasalka 5aad	4 DTaP ¹ /DTP/DT/Td ^{2,3}	4 Dabaysha ⁵	3 Cagaarshow B ⁶	2 MMR ⁷	2 Busbus ⁸
Fasalka 6aad ilaa 12aad	4 DTaP/DTP/DT/Td ² Tdap ⁴	4 Dabaysha ⁵	3 Cagaarshow B ⁶	2 MMR ⁷	2 Busbus ⁸

1. Carruurta > da'da 5 sanno jirka ah ee ka diiwaangashan fasalka Pre-K waa in la qiimeeyaa iyada oo la isticmaalayo sharuudaha tallaalka ee Dugsiga Barbaarinta illaa Fasalka 5 taas oo caadi ahaan u dhigmayo da'da shaqsiga.
2. Tallaalka D= gawracato, T= teetana, P= kixda. Tallaalka DTaP/DTP/DT/Td loogu talagalay dhammaan ardayda **Barbaarinta Kahor ilaa fasalka 12aad**: Afar marqaadasho ayaa loo baahan yahay. Hase yeeshee, haddii ardaygu uu helay marqaadashada 3aad ka dib afar jirkiisa, marqaadashooyin dheeraad ah looma baahna. Ogow: marqaadasho afar maalmood ama kayar kahor afar jirka sidoo kale waa la aqbali karaa.
3. Tallaalka DTaP/DTP/DT ee **carruurta galaysa Barbaarinta**: Arday kasta waxa khasab ah inuu helo hal marqaadasho kadib 4 jirkiisa (mid ahaan marqaadashada 3aad, 4aad, ama 5aad) si uu ugu taagnaado sharciga. Ogow: marqaadasho afar maalmood ama kayar kahor afar jirka sidoo kale waa la aqbali karaa.
4. Tdap waa tallaalka teetanada, gawracatada iyo isku darka unuga xiiq dheerta. Haddii arday helay marqaadasho tallaalka teetanadu kujirto, sida Td, shan sano gudahood kahor galista fasalka Tdap loo baahan yahay, ardaygu waa ku taagan yahay sharciga marqaadasho tallaalka Tdap ahna looma baahna.
5. Tallaalka dabaysha ee ardayda galaysa **fasallada Barbaarinta ilaa fasalka 12aad**: Afar marqaadasho ayaa loo baahan yahay. Hase yeeshee, haddii ardaygu helay marqaadashada 3aad kadib 4 jirkiisa, marqaadashooyin dheeraad ah looma baahna: marqaadasho afar maalmood ama kayar kahor afar jirka sidoo kale waa la aqbali karaa.
6. Caddayn shaybaadh ee tallaalka cagaarshow B ayaa sidoo kale la aqbali karaa.
7. MMR waa tallaalka jadeecada, dhago-fidiyaha, iyo rubeelada. Marqaadashada koowaad ee tallaalka MMR waxa khasab ah in la helo sannad jirka ama kadib. Ogow: marqaadasho afar maalmood ama kayar kahor 1 sannad jirka sidoo kale waa la aqbali karaa. Caddayn shaybaadh ee tallaalka saddexdan cudur (jadeecada iyo dhago-fidiyaha (qaamooqashiir) iyo rubeelada) ayaa sidoo kale la aqbali karaa. *Ogow: garoojada afar maalmood ama ka hooseyso ka hor maalinta dhalashada 1^{da} sidoo kale waa la ogolaan karaa.*
8. Tallaalka busbuska waa tallaalka habloobaasta. Inuu qofku hore u qaaday cudurka habloobaasta ama caddayn shaybaadh ee tallaalka busbuska ayaa sidoo kale la aqbali karaa.



OGAYSIIS SHARCI

Tallaalka Loo Baahan Yahay Galitaanka Dugsiyada Wisconsin

LEGAL NOTICE: REQUIRED IMMUNIZATIONS (SHOTS) FOR ADMISSION TO WISCONSIN SCHOOLS

Ku Socda Waalidka, Wakiilka ama Masuulka Sharciga ah _____ Fasalka _____

Sharciga Tallaalka Ardaygu (Student Immunization Law) wuxuu dhigayaa in dhammaan ardayda ilaa fasalka 12aad ay buuxiyaan tirada tallaalka ee ugu yar ee loo baahan yahay kahor galista dugsiga. Shuruudahan waxa loo dhaafi karaa kaliya haddii ay jiraan sababo caafimaad, diin, ama rumaysnaan xoog badan oo shakhsi ah. Marka la eego diiwaanadayada, ilmahaagu kuma taagna sida la rabay sababtoo ah diiwaan tallaalka kama yaalo dugsiga ama tallaalka ayaa loo baahan yahay (fiiri sababta ku taagnaan la'aanta ee hoos ku calaamadsan) mana jiro wax ka dhaafis ah oo fayl garaysan. Si uu ugu taagnaado sharciga, fadlan sheeg bisha, maalinta, iyo sannadka ilmahaagu helay tallaalka la rabo ee ku yaala Diiwaanka Tallaalka Ardayga ee ku lifaaqan, ama dooro mid kamid ah ikhtiyaarrada ka dhaafista inta ka horaysa [enter 30th school day] kuna soo celi foomka dugsiga ilmahaaga. Haddii aad sidaas yeeli waydo waxay keeni kartaa ka saaris dugsi, tallaabo maxkamadeed, iyo/ama ciqaab ah inuu dhumiyo mudnaan. Haddii aad qabto wax su'aalo ah oo kusaabsan ogaysiiskan ama sida loo helo tallaalka loo baahan yahay, fadlan la xidhiidh dugsiga ilmahaaga.

Sababta ku taagnaan la'aanta:

Ma Jiro Diiwaan

Marka la eego diiwaanadayada dugsiga, tallaalka soo socda ayaa loo baahan yahay:

<u>Gawracatada/DT/Td</u>	<u>Dabaysha</u>	<u>MMR¹</u>	<u>Cagaarshow B¹</u>	<u>Faraseela^{1,2}</u>	<u>Tdap³</u>
<input type="checkbox"/> Marqaadashada 1 ^{aad}	<input type="checkbox"/> Marqaadashada 1 ^{aad}	<input type="checkbox"/> Marqaadashada 1 ^{aad}	<input type="checkbox"/> Marqaadashada 1 ^{aad}	<input type="checkbox"/> Marqaadashada 1 ^{aad}	<input type="checkbox"/> Marqaadashada 1 ^{aad}
<input type="checkbox"/> Marqaadashada 2 ^{aad}	<input type="checkbox"/> Marqaadashada 2 ^{aad}	<input type="checkbox"/> Marqaadashada 2 ^{aad}	<input type="checkbox"/> Marqaadashada 2 ^{aad}	<input type="checkbox"/> Marqaadashada 2 ^{aad}	
<input type="checkbox"/> Marqaadashada 3 ^{aad}	<input type="checkbox"/> Marqaadashada 3 ^{aad}		<input type="checkbox"/> Marqaadashada 3 ^{aad}		
<input type="checkbox"/> Marqaadashada 4 ^{aad}	<input type="checkbox"/> Marqaadashada 4 ^{aad}				
<input type="checkbox"/> Marqaadashada 5 ^{aad}					

¹ Haddii ilmahaagu uu leeyahay natiijooyin shaybaadh oo caddaynaya in ilmahaagu uu ka tallaalan yahay jadeecada iyo dhago-fidiyaha (qaamaqashiir) iyo rubbeelada, ama leeyahay natiijooyin shaybaadh oo caddaynaya in ilmahaagu ka tallaalan yahay cagaarshow B, uu leeyahay natiijooyin shaybaadh oo caddaynaya in ilmahaagu uu ka tallaalan yahay bus-buska, sii natiijooyinka shaybaadh dugsiga. Haddii natiijooyinka shaybaadh yihiin qaar la aqbali karo, markaa ilmahaagu uma baahna in laga tallaalo cudurrada uu hore uga tallaalnaa.

² Haddii ilmahaaga uu horey ugu dhacay hablobaas, tallaalka busbuska looma baahna. Ku jawaab "haa" su'aasha cudurka hablobaasta ee Diiwaanka Tallaalka Ardayga ee ku lifaaqan oo gali taariikhda cudurka, haddii aad garanayso.

³ Haddii ilmahaagu helay marqaadasho tallaalka teenadu kujirto, sida Td, shan sano gudahood ee galista fasalka Tdap loo baahan yahay, ilmahaagu waa ku taagan yahay oo marqaadasho Tdap ahna looma baahna.

Iskaashigaaga soo dhaw waan kaaga mahadcelinnaynaa.

Dugsiga	Taleefanka
Sarkaalka Dugsiga (Mansabka)	Taariikhda la Diray

enc: Diiwaanka Tallaalka Ardayga

DIIWAANKA TALLAALKA ARDAYDA STUDENT IMMUNIZATION RECORD

TILMAAMAHA KU SOCDA WAALIDKA: BUUXI OO KU SOO CELI GUDAHA 30 MAALOOD KA DIB MARKA LA OGGOLAADO. Sharciga gobolku waxa uu u baahanyahay dhammaan ardayaga dugsiga dad waynaha iyo ka gaarka ah inay soo bandhigaan caddaynta qoran ee tallaalku ku lidka ah cudurada qaarkood **gudaha 30 maalmood oo oggolaanshaha ah.** Da'da hadda/ shuruudaha da'da fasalka waxaa laga heli karaa dugsiga iyo waaxaha caafimaadka maxaliga ah. Shuruudahan waxaa kaliya la dhaafi karaa haddii keliya si sax ah loo saxiixay caafimaad, diin ama ka dhaafida shakhsiga u gaarka ah ayaa loo soo gudbiyaa dugsiga. Ujeedada foomkaan waa in la qiyaaso u hogaansanaanta sharciga oo waxaa loo isticmaali doonaa ujeedooyinkaas oo keliya. Haddii aad qabto su'aalo ku saabsan tallaalka, ama sida loo buuxiyo foomkaan la xidhiidha dugsiga ilmahaaga ama waaxda caafimaadka maxaliga ah.

	XOGTA GAARKA AH	FADLAN DAABAC			
Tallaabada 1	Magaca Ardayga	Taariikhda dhalashada (BB/MM/SSSS)	Lab/dheddig	Dugsiga	Fasalka Sanad dugsiiyeedka
	Magaca Waalidka/Masuulka/Masuulka Sharciga ah	Cinwaanka (Jidka, Magaalada, Gobolka, Sibka)			Lambarka Telefoonka ()

TAARIKHDA TALLAALKA

Tallaabada 2 Qor BISHA, MAALINTA, IYO SANADKA ilmahaagu helay mid kastoo ka mid ah tallaalka soo socda. HA ISTICMAALIN A (✓) AMA (X) laga reebo in aad ka jawaabto su'aasha ku saabsan hablo baasta, Tdap, ama Td. Haddii aanad ku haysan diiwaanka tallaalka ardaygan xaga guriga, la xidhiidh dhakhtarkaaga ama waaxda caafimaadka dad waynaha si loo helo iyada.

NOOCA TALLAALKA*	TALLAALKA U HOREEYA BB/MM/SSSS	TALLAALKA LABBAAD BB/MM/SSSS	TALLAALKA SADDEXAAD BB/MM/SSSS	TALLAALKA AFRAAD BB/MM/SSSS	TALLAALKA SHANAAD BB/MM/SSSS
DTaP/DTP/DT/Td (Gowracatada, Teenada, Kixda)					
Tallaalka kurayda (sax bogoska habboon) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Dabaysha					
Cagaarshowga					
MMR (Jadeeco, Qanjo xanuun, Jadeeca Jarmal)					
Tallaalka Hablo baasta (Hablo baas) Tallaalka waxaa keliya loo baahanyahay haddii ilmahaagu aanu qaadin cudurka hablo baasta. Eeg hoos:					
Ilmahaagu ma qaaday cudurka Hablo baasta (hablo baas)? Sax bogoska saxda oo bixi sanadka haddii la ogyahay: <input type="checkbox"/> HAA _____ Sannadka (Tallaal looma baahna) <input type="checkbox"/> MAYA ama Aan hubin (Tallaalka loo baahanyahay)					Miyuu ilmahaagu qaatay baadhitaanka dhiiga (milanka) kaas oo muujiya iska caabinta (qabay cudur ama tallaal hore) wax ka mid ah kuwa soo socda? (Sax dhammaan inta ku habboon) <input type="checkbox"/> Habla baasta <input type="checkbox"/> Jadeecada <input type="checkbox"/> Qanjo xanuunka <input type="checkbox"/> Jadeeca Jarmalka <input type="checkbox"/> Cagaarshowga B Haddii HAA bixi warbixinta(aha) shaybaadhka

SHURUUDAHA

Tallaabada 3 U gudbi da'da/heerka fasalka shuruudaha sanad dugsiiyeedka hadda si loo go'aamiyoi hadduu ardaygu u ubuuxiyo shuruudaha.

XOGTA U HOGAANSANKA

Tallaabada 4 **ARDAYDU WAXAY BUUXIYAAN DHAMMAAN SHURUUDAHA**
Saxeex Tallaabada 5 oo ku soo celi foomkan dugsiga.
_____ Ama _____

ARDAYGU MA BUUXIYO DHAMMAAN SHURUUDAHA

Sax bogoska habboon ee hoose, saxeex xaga Tallaabada 5, oo ku soo celi foomkan dugsiga. FADLAN OGOW IN ARDAYDA AAN TALLAALKA AAN DHAMEYSTIRNEYN LAGA YAABO IN LAGA REEBAYO DUGSIGA HADDII DILAACA HAL KA MID AH CUDURADAN UU DHACO.

In kastoo ilmahagy AANU helin DHAMMAAN tallaalka la qaadanayo ee loo baahnaa, TALLAALKA KOOWAAD waa la helay. Waxaan fahmay in TALLAALKA LABBAAD ay ahayd in lagu qaato dugsiga maalinta 90naad ee dugsiga kadib oggolaanshaha dugsiga sanadkan, oo TALLAALKA SADDEXAAD iyo TALLAALKA AFRAAD haddii loo baahdo ay tahay in lagu helo sanadka xiga maalinta dugsiga 30naad. Waxaan fahmay in ay tahay waajibkayga in lagu wargeliyo dugsiga qoraal ahaan wakhti kasta oo ilmahagu helo qadarka tallaalka loo baahdo.

FIIRO: Ku guul daraysiga in jadwalka lagu socodo ay keeni karto ka reebida dugsiga, tallaabada maxkamada iyo/ama ciqaab ganaax ah.

KA DHEEFIDA (Ku qor Tallaabada 2 sare, taariikhda(ha) tallaalka kasta uu ilmahaagu hadda ka hor helay)

Sababo caafimaad awgeed ardaygan waa in aanu helan tallaalka soo socda _____

_____ Taariikhda la Saxeey

SAXIIXA - Dakhtarka

Sababo diimeed awgeed, waxaan doortay inaan ku tallaalin ardaygan tallaalka soo socda (sax inta ku habboon)
 DTP/DTP/DT/Td Tdap, Dabaysha Cagaarshowga B MMR (Jadeecada, Qanjo xanuunka, Jadeeca Jarmalka)
 Hablo baasta

Arrimo sababo shakhsiiyeedawgood, waxaan doortay inaan ku tallaalin ardaygan tallaalka soo socda (sax dhammaan inta habboon)
 DTP/DTP/DT/Td Tdap Dabaysha cagaarshowga B MMR (Jadeecada, Qanjo xanuunka, Jadeeca Jarmalka)
 Hablo baasta

SAXIIXA

Tallaabada 5

Foomkan waa buuxaa oo waa sax ilaa inta aqoontayda ugu fiican. Sax mid: (Waxaan Ma)siinayo oggolaanshaha in la wadaago diiwaanka tallaaalka ilmahayga hadda oo marka la cusboonaysiiyo mustaqbalka Diwaanka tallaaalka Wisconsin (Wisconsin Immunization Registry, WIR). Waxaan fahmay inaan ka noqon karo oggolaanshahan wakhti kasta anoo usoo diraya wargelinta dugsiga degmadda. Iyaddoo ay raacsantahay taariikhda kala noqoshada, dugsiga degmaddu ma siin doono wax diiwaano cusub ama warar cusub ah WIR.

SAXIIXA - Waalidka/Masuulka/Masuulka Sharciga ah ama Ardayga Wayn

Taariikhda la saxee xay

Ogaysiiska ka Saarista
NOTICE OF EXCLUSION

Taariikhda:

Gacaliye Waalid:

Ogaysiiska Sharciga ah ee ku lifaaqan wuxuu sheegayaa in ilmahaagu wakhtigan aan ku taagnaan Sharciga Tallaalka Ardayga Wisconsin (Wisconsin Student Immunization Law) sidaa darteedna laga saari doono dugsiga [*enter 31st school day*].

Si ilmahaagu dugsiga uu u sii dhigto ama dib loogu soo celiyo kadib saarista, waxa khasab ah inaad samayso mid kamid ah waxa soo socda:

- (1) Sii dugsigan taariikhda (bisha, maalinta, iyo sannadka) tallaalka la rabo oo ka keen diiwaanada caafimaad ee ilmahaaga ama [Wisconsin Immunization Registry](#). Habloobaasta (busbuska), taariikhda qaadista xanuunka ayaa sidoo kale la aqbali karaa. Caddayn shaybaadh ee tallaalka ayaa sidoo kale la aqbali karaa cudurradan: jadeecada, dhago-fidiyaha (qaamoqashiir), rubbeelada, cagaarshow B, iyo busbuska.

AMA

- (2) Ku andacoo ka dhaafis.

Isticmaal Diiwaanka Tallaalka Ardayga ee ku lifaaqan si aad u bixiso macluumaadka sare lagu sheegay.

Sharciga Tallaalka ee Wisconsin (Immunization Law in Wisconsin) waxa loo ansixiyey si looga ilaaliyo carruurta oo dhan cudurrada tallaalka looga hortagi karo. Sharcigu wuxuu farayaa dugsiyada dadwaynaha ee degmo dugsiiyeedyada ee leh in kayar 99% heerka ku taagnaanta in la saaro ardayda aan ku taagnayn sharciga barbaarinta ilaa fasalka shanaad. Sharcigu sidoo kale wuxuu khuseeyaa dugsiga gaarka loo leeyahay. Dugsiyada gaarka loo leeyahay ee leh in kayar 99% heerka ku taagnaanta waxa laga rabaa inay saaraan ardayda aan ku taagnayn sharciga barbaarinta ilaa fasalka shanaad. Ardayga aan ku taagnayn sharcigu waa kan “jadwalka ka dib dhaca” tallaalka loo baahan yahay, ama aan ku lahayn diiwaan tallaalka oo feel garaysan dugsiga ama aan lahayn ka dhaafis feel garaysan.

Waad ku mahadsan tahay iskaashigaaga.

90th Day Letter-In Process

Taariikhda:

Gacaliye Waalid:

Marka la eego diiwaanadayada, ilmahaagu wuxuu kujiraa hab-socodka helista dhammaan tallaalka looga baahan yahay dhigashada dugsiyada Wisconsin. Waxa aanu kugu boorinaynaa inaad sii waddo oofinta ballamaha tallaalka oo ilmahaaga geey ballamahan si aad u hubiso in ilmahaagu noqdo mid qaatay tallaalka loo baahan yahay da'diisa.

Tallaalku waa mid kamid ah hababka ugu muhiimsan ee ka ilaalinta carruurta cudurrada iyo cawaaqibiyada ka iman kara cudurradan. Tallaalku si gaar wuxuu muhiim ugu yahay carruurta da'da dugsiya sababtoo ah carruurta dugsiya dhigtaa waxay si joogto ah ugu dhaw yihiin dad kale kuwaasi oo ay dhici karto in laga ilaaliyey ama aan laga ilaalin cudurradan.

Si aad ugu taagnaado ku-dhaqanka Sharciga Tallaalka Ardayga Wisconsin (Wisconsin Student Immunization Law), fadlan la xidhiidh bixiyaha daryeelka caafimaadka ilmahaaga si aad u hesho tallaalka loo baahan yahay. Ku boori bixiyaha daryeelka caafimaadka ilmahaaga inuu isticmaalo Diiwaanka Tallaalka Wisconsin (Wisconsin Immunization Registry) iyo wixii diiwaano tallaalka ah ee aad ka hayso ilmahaaga si uu u go'aamiyo tallaalkada ilmahaagu u baahan yahay inuu helo. Haddii ilmahaagu aanu lahayn bixiyaha daryeelka caafimaad, fadlan la xidhiidh waaxda caafimaadka deegaankaaga si aad u go'aamiso haddii ilmahaagu mutaystay inuu helo tallaalkada waaxda caafimaadka. Macluumaadka la-xidhiidhka waaxda caafimaadka deegaanka waxaa laga heli karaa bogga internetka: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Fadlan ogow in dayrta sannad dugsiyeedka dambe, diiwaanada tallaalka ilmahaaga dib loo qiimayn doona si loo hubiyo inuu qaatay tallaalka la rabo heerkiisa/eeda fasalka ama ka dhaafista feelka ugu jiro. Haddii caddaymo ku filan aan laga dhiibin ilmahaaga, waxa dhici karta in loo baahdo inuu guriga joogo oonu dugsiya iman.

Macluumaad dheeraad ah oo kusaabsan tallaalka, fadlan booqo boggan internetka: <http://www.cdc.gov/vaccines/vac-gen/default.htm>

Waad ku mahadsan tahay inaad naga caawisay ka badbaadinta dhammaan carruurta dugsiyada Wisconsin cudurrada lagaga hortagi karo tallaalka.

90th Day Letter-Not Compliant (Behind Schedule or No Record)

Taariikhda:

Gacaliye Waalid:

Marka la eego diiwaanadayada, sannad dugsiyeedkan ilmahaagu ma ahayn mid raacay Sharciga Tallaalka Ardayga Wisconsin (Wisconsin Student Immunization Law). Tani waxay ka dhigan tahay in ilmahaagu aanu lahayn caddaymaha tallaalka habboon iyo ka dhaafista tallaalka oo uu feelka ugu jiro.

Tallaaladu waa mid kamid ah hababka ugu muhiimsan ee looga ilaaliyo carruurteena cudurrada iyo cawaaqibyada ka iman kara cudurradan. Tallaalku si gaar wuxuu muhiim ugu yahay carruurta da'da dugsiga gaaray sababtoo ah carruurta dugsiga dhigtaa waxay si joogto ah ugu dhaw yihiin dad kale kuwaasi oo ay dhici karto in laga ilaaliyey ama aan laga ilaalin cudurradan.

Bilaha soo socda, waxa aanu ugu boorinaynaa inaad ballan ka qabsato bixiyaha daryeelka caafimaadka ilmahaaga si ilmahaaga loo tallaalo. Ku boori bixiyaha daryeelka caafimaadka ilmahaaga inuu isticmaalo Diiwaanka Tallaalka Wisconsin (Wisconsin Immunization Registry) iyo wixii diiwaano tallaal ah ee aad ka hayso ilmahaaga si uu u go'aamiyo tallaalada ilmahaagu u baahan yahay. Haddii ilmahaagu aanu lahayn bixiye daryeel caafimaad, fadlan la xidhiidh waaxda caafimaadka deegaankaaga si aad u go'aamiso haddii ilmahaagu mutaystay inuu helo tallaalka waaxda caafimaadka. Macluumaadka la-xidhiidhka waaxda caafimaadka deegaanka waxaa laga heli karaa bogga internetka: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

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Macluumaad dheeraad ah oo kusaabsan tallaalka, fadlan booqo boggan internetka: <http://www.cdc.gov/vaccines/vac-gen/default.htm>

Waad ku mahadsan tahay inaad naga caawisay ka badbaadinta dhammaan carruurta dugsiyada Wisconsin cudurrada lagaga hortagi karo tallaalka.

Xaashida Xaqiiqda Waalidka

Shuruudaha Tdap ee Ardayda Dugsiga Sare iyo Dhexe



Sharci tallaalka Wisconsin waxa uu u baahanyahay in dhammaan ardayda gelaya fasalka 6^{aad} ay helaan tallaalka Tdap. Si loogu hogaamsamio sharciga dugsiga, waalidku waa inay siiyaan dugsiga ilmaha caddaynta tallaalka ama sheegashada ka dhaafida.

1. Waa maxay Tdap?

Tdap waa tallaalka difaaca Teetanada, Qowracatada, iyo Kixda (kixda).

2. Waa maxay heerkasaamaynta oo tallaalka ayaa loo baahanyahay?

Dhammaan ardayda gelaya fasalada 6 ilaa 12 waa inay qaataan hal tallaalka oo Tdap ah.

3. Maxay waalidku u baahanyihiin?

Ilmahaaga ku tallaalka tallaalka Tdap haddii isaga ama iyaddaanay hore u qaadan tallaalka. Ku diiwaangeli taariikhda tallaalka bogoska saxda ah ee raacsan Diiwaanka Tallaalka Ardayga, saxeex foomka oo ku soo celi dugsiga ilmaha. Husbo inaad ku darto taariikhda tallaalka Tdap diiwaanka tallaalka hadda aad u hayso ilmahaaga. Mustaqbalka, ilmahaagu waxa uu u baahan doonaa inuu siiyo taariikhda dugsiyada kale, kulliyadaha ama loo shaqeeyayaasha. Si loo sheegto ka dhaafid caafimaad, diimeed ama asbaabo shakhsiga u gaar ah, raac tilmaamaha ku yaala Diiwaanka Tallaalka Ardayga oo ku soo celi foomka saxeexan dugsiga ilmahaaga.

4. Ma jiraan waxa ka reebitaano tallaalka Tdap ah?

Haa Haddii ilmahaagu qaatay tallaalka teetanada ka kooban (sida Td) shan sano ka hor isaga/iyaddu intaanu gelin fasalka looga baahanyahay, ilmahaagu wuu u hogaansamay oo loogama baahnaa inuu helo Tdap. Sax ogoska ay ku calaamadsantahay “Td” Diiwaanka Tallaalka Ardayga, geli taariikhda la helay oo ku soo celi foomka saxeexan dugsiga.

5. Marka ilmahaagu buuxiyo shuruuda Tdap miyaa iyadda ama isagu u baahan doonaa qaadashada tallaalka kale oo fasal ka duwan ah?

Maya. Tdap waa shuruud hal wakhti ah. Marka ilmahu buuxiyo shuruuda tallaalka ee fasalka taas oo shuruudu ku xidhantahay, wax tallaalka qaadasho ah looma baahna. Si kale haddii oo dhigo, ardayga qaata Tdap ka hor bilowga fasalka 6^{aad} uma baahna tallaalka qaadasho dheeraad ah. Haddii ilmahu qaato tallaalka Td gudaha 5 sanadood gelida fasalka 6aad, ilmaha waxa uu buuxiyay shuruuda Tdap, (xataa in kastoo iyada/isaga aanu dhab ahaan qaadan tallaalka Tdap) oo aan looga baahan doonin tallaalka Tdap hadda ama fasal mustaqbalka ah.

6. Haddii ilmahaagu hadda ka hor cudurka kixda qabo (kixda), miyaa isaga aama iyaddu qaadan doontaa tallaalka Tdap?

Taariikhda cudurka kixda maaha ka reebanaanta shuruuda Tdap. Carruurta qabay kixda weli waxay heli doonaan Tdap sababtoo ah muddada ka ilaalinta ee cudurka lama garanayo oo sababtoo ah cudur aqoonshada way adkaan kartaa in la xaqiijiyo tusaalooyinka qaarkood.

7. Xageen uga heli karaa tallaalka Tdap ilmahayga?

Tdap waxaa laga heli karaa adeeg bixiyaha caafimaad, waaxaha caafimaadka maxaliga ah iyo farmasiyada qaarkood. Fadlan hore si waanagsan ilmahaaga haloogu sii tallaalo furitaanka dugsiga si la isaga ilaaliyo degdega xagaaga xaga xafiisyada dhakhtarka iyo rugaha tallaalka.

8. Maxaa Tdap loogu baahanyahay?

Kixdu waa cudur halis ah. Waxa ay si fudud ugu gudubtaa qof ilaa qof oo waxay sababi kartaa dilaaca gudaha dugsiga. Wisconsin waxay la kullantay labba dilaac kixda ah oo gobolka oo dhan 10 sanadood ee u dambeeyay. Dadka la xanuusanaya kixda waa inay guriga joogaan oo aanay tegin shaqada ama dugsiga ugu yaraan shan maalmood. Daraasadahu waxay muujiyeen in ka ilaalinta laga helay tallaalka DTP/DTaP sidii ilma yar ay bilowdo inay hoos u dhacaan 5 ilaa 10 sanadood ka dib tallaalka; tallaalka Tdap waxa uu xoojin doonaa dicaafa jidhka oo waxa uu ka caawin doonaa kurayda kixda.

9. Ma jiraan wax tallaalo kale oo lagula talinayo kuraydayda?

Haa Waxaa jira saddex tallaalo kale oo caadi ahaan lagula taliyo kurayda. Tallaalka Human Papillomavirus Vaccine (HPV) waxaa uuka ilaaliyaa fayraska ah sababta ugu wayn ee kansarka. Tallaalka meningococcal conjugate waxa uu ka ilaaliya cudurka maaninjaytiska (qoorgooyaha), iyo tallaalka hargabka sanadlaha ah waxaa lagula taliyaa qof kasta oo 6 bilood jir ah ama ka wayn.

10. Halkeen ka heli karaa macluumaad dheeraad ah?

- Xarunta Xakamaynta Cudurka (Center for Disease Control, CDC)
<http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>
- Barnaamijka Tallaalka Wisconsin <https://www.dhs.wisconsin.gov/immunization/pertussis.htm>
- Adeeg bixiyaha daryeelka caafimaadka ilmahaaga ama waaxda caafimaadka maxaliga ah



WISCONSIN DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNICABLE DISEASES
IMMUNIZATION PROGRAM
P-00039 (Rev. 07/2015)



Tallaalada Lagu taliyay Da'aha 11-12: Waxa Waalidku ay tahay inuu Ogaado

Sababtee ilmahagu tallaal hadda ugu baahanyahay?

Tallaalada carruurta yaryar oo kaliya looguma talo gelin. Qaar ka mid ah tallaalada caruurta way duugoobi karaan marka ciyaalku waynaado. Marka uu carruurta koraan waxaa gaadhi kara cuduro ka duwan kuwii dhallaanka markay ahaayeen ah. Waxaa jir tallaa ka caawin kara ilmahaaga ka yar kurayga ama kurayga inuu ka ilaaliyo cuduradan kale.

Tallaalkee ilmahagu u baahanyahay?

Tallaalada Tdap

Tallaalkan waxa uu caawiyaa ka hortagga saddexda cudur ee halistan ah: teetanada, qowracada, iyo kixda (kixda) Carruurta yaryar waa inay helaan Tdap da'da 11 ama 12. Haddii kuraygaagu aanu helin Tdap mudista ah sidii ilma ka yar kuray, waydii dhakhtarka ama kalkaalisada wax kus aabsan cirbada hadda.

Tallaalada Meningococcal

Tallaalka Meningococcal ee laga sameeyo antijiinka waxa uu ka hortaggaa qaar ka mid ah bakteeriyada sababi karta maaninjaytiska (bararka dahaadhka kuwareegsan maskaxda iyo xangulaha) iyo sumowga dhiiga (caabuqa dhiiga). Carruurta ka yar kurayda waxay u baahanyihiin tallaalka maaninjaytiska u horeeya marka ay yihiin 11 ama 12 sano jir iyo cirbada da'da 16. Kurayda qaatay cirbada tallaalka maaninjaytiska marka ay ahaayeen 13, 14, ama 15 sano jir weli waa inay helaan cirbada labbaad da'da 16. Kurayda waa wayn ee aan qaadan wax cirbada maaninjaytiska ah waxay qaataan hal tallaal sida ugu dhakhsaha badan ee suuragalka ah.

Tallaalada HPV

Tallaalada Human papillomavirus (HPV) waxa uu ka caawiyaa ka hortagga hablaha iyo inamada cudurka HPV iyo kansarka ay sababto HPV. Dhammaan carruurta kurayda ka yar markaas waxaa laga hortagi karaa cudurada HPV ee sabab kansarka. Tallaalada HPV waxaa mudditaano taxane ah oo la siiyo dhowr bilood. Kurayda iyo dhalin yarta aan bilaabin ama dhammaysan tallaalka taxanaha ah ee HPV sidoo kale waxya u baahanyihiin tallaalka HPV. Qaabka ugu wanaagsan ee lagu xasuusto in ilmahaagu helo tallaalka dhammaan mudditaankiisa waxay u baahanyihiin inay ballan ka samaystaan cirbada hadhay ka hor inta aanad ka tegin xafiiska dhakhtarka ama rugta caafimaad.

Tallaalada Hargabka

Tallaalada hargabka sanadlaha ah waa qaabka ugu wanaagsan ee lagu yareeyo fursadaha lagu qaado hargabka sanadlaha ah iyo ku faafinta kuwa kale. Xataa carruurta kurayda ka yar iyo kuraydu aad ayay uga xanuusan karaan hargabka oo waxay ku faafin karaan kuwa kale. Marka carruurta kurayda ka yar iyo kuraydu ay qaataan tallaalka hargabka, gaar ahaan waa u lama huraan kuwan leh xaaladaha caafimaadka raaga sida xiiqda, cudurka

Wakhtiga ugu wanaagsan ee la qaato tallaalka hargabka waa degdeg ka dib marka la heli karo bulshaddaada, rayi ahaan Oktoobar. Marka ay wanaagsantahay in la tallaalo ka hor hargabku intaanu bilaabin oo ku sababin jirro bulshaddaada, tallaalka hargabka waxa uu noqon karaa mid faa'iido leh ilaa inta fayraska hargabka ay wareegayaan, xataa Janaayo ama ka dib.

Goormaa ilmahayga la tallaalayaa?

Wakhti wanaagsan oo lagu helo tallaalan waa muddada baahditaanka sanadlaha ah. Ilmahaaga kurayga ka yar ama kurayga waxa uu sidoo kale heli karaa tallaalkan baadhitaanka jidhka ee loogu baadho ciyaaraha, dugsiga, ama kaamka. Waa fikrad fiican in la waydiiyo dhakhtarka ama kalkaalisada sanad kasta haddii ay jiraan wax tallaalo uu ilmahaagu u baahan karo.

Maxaa kale ee aan ka ogaan lahaa tallaaladan?

Tallaaladan waxaa dhammaan loo daraaseeyay si feejigan oo waa badbaado. Waxay sababi kari saamayn degen, sida boog ama guduud qayb gacanta ah marka cirbada la siiyo. Qaar kurayda ka yar ama kuraydu way suuxi karaan kadib qaadashada cirbida. Fadhiga ama jiidida marka la is muddayo iyo ka dib ilaa 15 daqiiqo ka dib cirbada waxay caawisaa ka hortaga suuxdinta. Saamaynta tallaalka xun waa dhif. Aad ayay muhiim u tahay in dhakhtarka loo sheego ama kalkaalisa haddii ilmahaagu uu qabo wax xasaasiyado halis ah, ay ka mid yihiin xasaasiyadaha yiiska, dheecaanka geedka, ama ukunta digaaga, ka hor inta aanay qaadan wax mudditaan ah.

Sideen ku helaa caawimada bixinta tallaaladan?

Barnaamijka Tallaalada Carruurta (Vaccines for Children, VFC) waxa uu siiyaa tallaalka da'aha 18 sano iyo ka yar, kuwaas oo aan caymis ku jirin, kuwa u qalma Medicaid, Maraykanka Hindida ama Dhaladka Alaska. Waxaad ka heli kartaa wax badan oo ku saabsan barnaamijka VFC addoo onlay ka gelaya www.cdc.gov oo ku qoraya VFC bogoska raadinta.

Xageen wax badan ka baran karaa?

Kala hadal dhakhtarka ilmahaaga ama kalkaalisada wax ku saabsan tallaalka ay u baahanyihiin. Waxaad sidoo kale ka heli kartaa wax badan oo ku saabsan tallaalkan Websaydka CDC's Vaccines for Preteens and Teens www.cdc.gov/vaccines/teens.

Sideen ku helaa caawimada bixinta tallaaladan?

Barnaamijka Tallaalada Carruurta (VFC) waxa uu siiyaa tallaalka da'aha 18 sano iyo ka yar, kuwaas oo aan caymis ku jirin, kuwa u qalma Medicaid, Maraykanka Hindida ama Dhaladka Alaska. Waxaad ka heli kartaa wax badan oo ku saabsan barnaamijka VFC addoo onlay ka gelaya www.cdc.gov oo ku qoraya VFC bogoska raadinta.



Wisconsin Department of Health Services

Division of Public Health

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Wixii macluumaad dheeraada ah

booqo CDC

Web www.cdc.gov/hpv

