JR. CAMP/QUAD IMMUNIZATION RECORD

ss. 252.04, Wis. Stats.

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

	PERSONAL DATA PLEASE Child's Name (Last, First, Middle)			Date of Birth (month/day/year) Area Code/Phone Number					
	Parent/Guardian/Legal Custodian (last, First, Middle Initial)) Addre	Address (Street, Apartment Number, City, State, Zip)					
ep 2	IMMUNIZATION HISTORY List the N OR (X) except to indicate whether the ch local public health department to obtain	hild has had chick							
	TYPE OF VACCINE	First Dos mm/dd/yy		ond Dose n/dd/yyyy	Third Dose mm/dd/yyyy		h Dose ld/yyyy	Fifth Dose mm/dd/yyyy	
	Diphtheria-Tetanus-Pertussis (Specify DTP,DTaP or DT) Polio								
	Hib (Haemophilius <i>Influenza</i> Type B)								
		\							
	Pneumococcal Conjugate Vaccine (PCV)							
=	Hepatitis B								
-	Measles-Mumps-Rubella (MMR)								
	Varicella (chickenpox) vaccine Vaccine is required ONLY if the child has NOT had the chickenpox disease Has your child had the Varicella (chicke	npox) disease?		•	•	ar if known.			
	YES year (Vaccine is not required) NO or UNSURE (Vaccine is required)								
tep 3		he minimum required immunizations for the child's age/grade at entry. All children within the range re/camp entrance. Children who reach a new age/grade level while attending care must have their I required doses. NUMBER OF DOSES							
		DTP/DTaP/DT	Polio	Hib	PCV	Hep B	MMR	Varicell	
	5 months through 15 months	2	2	2	2	2			
	16 months through 23 months	3	2	3 ¹	3 ²	2	1 ³ 1 ³	-	
	2 years through 4 years	4	3	3 ¹	3 ²	3		1	
	At kindergarten entrance (PCV)	4 ⁴	4			3	2 ³	2	
		4 ⁴ 4 months of age, d. Minimum of on -23 months of ag equired. d on or after the f ive received one	4 only 2 doses a e dose must ba e, only 2 doses irst birthday (N	are required. If e received afte are required.	the child receiv r 12 months of a If the child rece days or less befo	3 ed one dose c age. (Note: a d ived the first d ore the first bir	2 ³ If Hib at 15 mo lose 4 days o ose of PCV a thday is also a	2 onths of age r less before t 24 months acceptable).	
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SIGNATURE D To the best of my knowledge this form is complete and accurate.

 $\hfill\square$ At this time there are no updates to last year's immunization records.

Parent/Guardian/Legal Custodian

Date

JR. Camp/Quad Immunization Record – page 2

NEW CAMPERS:

Please remember to attach a copy of your child's immunization record if you did not list them on page 1.

RETURNING CAMPERS:

If your child received new immunizations, please remember to attach a copy of the updated record if you did not list them on page 1.

Don't forget to sign page 1