

# Wisconsin Student Immunization Law: What Schools Need to Know for Fall 2023

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# If You Have Questions:







# All states have student immunization laws.



A low-angle, wide shot of the Wisconsin State Capitol building. The central dome is the focal point, topped with a golden statue. The building's facade is made of light-colored stone with numerous arched windows and classical columns. The sky is a clear, vibrant blue with a few wispy white clouds. The title 'Wisconsin Law' is overlaid in the top right corner in a large, white, sans-serif font.

# Wisconsin Law

**Background**

Instructions

Compliance

Action

Example

Report

Results

# DHS 144

- February 1, 2023- Updates to Wisconsin Administrative Code Ch. DHS 144 took effect

# DHS 144

- February 1, 2023- Updates to Wisconsin Administrative Code Ch. DHS 144 took effect
- March 7, 2023- Joint Committee hearing

# DHS 144

- February 1, 2023- Updates to Wisconsin Administrative Code Ch. DHS 144 took effect
- March 7, 2023- Joint Committee hearing
- March 9, 2023 – Suspension of certain portions of DHS 144



# Suspended Changes

- MenACWY containing vaccine requirement
- Report of varicella disease
- VPD additions to substantial outbreak definition

# Changes Not Impacted By Suspension

- Tdap 6<sup>th</sup> → 7<sup>th</sup> grade
- Removed outdated outbreak definitions





# Materials on DHS Website



## School law requirements

Find resources and requirements for the 2022-2023 school year below or watch our [Wisconsin Student Immunization Law presentation](#).

Materials for schools	+
Forms, reports, and letters	+
Results from the past school year	+
Educational materials for parents	+
Other resources	+

Link: <https://www.dhs.wisconsin.gov/immunization/reqs.htm>



## 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.

### Step 1 PERSONAL DATA

### PLEASE PRINT

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	

### Step 2 IMMUNIZATION HISTORY

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, 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
<b>DTaP/DTP/DT/Td</b> (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
<b>Polio</b>					
<b>Hepatitis B</b>					
<b>MMR</b> (Measles, Mumps, Rubella)					
<b>Varicella</b> (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)		

### Step 3 REQUIREMENTS

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

### 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





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# Compliance Categories

## Compliant

- Meets minimum immunization requirements (received all required shots)
- In process
- Waiver
  - Health
  - Religious
  - Personal conviction

# Compliance Categories

## Not Compliant

- No record
- Behind schedule

# Meets Minimum Immunization Requirements

**Table 144.03-A**  
**Required Immunizations for the 2023-2024 School Year**

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
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B		
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B		
Grade 7 through grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B		

# Valid Doses

The Student Immunization Law does **not** require vaccines be received at specific time intervals.

Exceptions: DTaP, MMR, and Varicella (chicken pox)



# In Process

A student is “in process” if **all** the following are true:

- Has an immunization record on file.
- Has **not** received all the required immunizations (i.e., does **not** meet the minimum immunization requirements).
- Has provided documentation of receiving the **first** dose of each vaccine by the 30<sup>th</sup> school day.
- Is in their first year at a Wisconsin school.

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.**”

# Waivers: Health, Religious, Personal

- A student is considered to have a waiver if **both** of the following are true:
  - Has **not** received all the required immunizations (i.e., does **not** meet the minimum immunization requirements).
  - Has a waiver on file.

# Waivers: Best Practices

- The type of waiver is indicated on the Student Immunization Record.
- Review all students with waivers annually
- A waiver should be removed if the student provides documentation of vaccination.

# Behind Schedule

A student is behind schedule if **all** the following are true:

- Has **not** received all the required immunizations (i.e., does **not** meet the minimum immunization requirements).
- Is **not** in process.
- Does **not** have a waiver.



# No Record

A student is considered to have “no record” if **one** of the following is true:

- Does **not** have an immunization record on file.
- Is a transfer student and the record has not yet been received from the previous school.
- Has a record but the record has inappropriate information, such as:
  - "all vaccines received,"
  - "child up-to-date," or
  - "record at doctor's office."



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**Action**

Example

Report

Results

# Timeline

- Describes the actions required of schools.
- Provides links to important forms/resources.

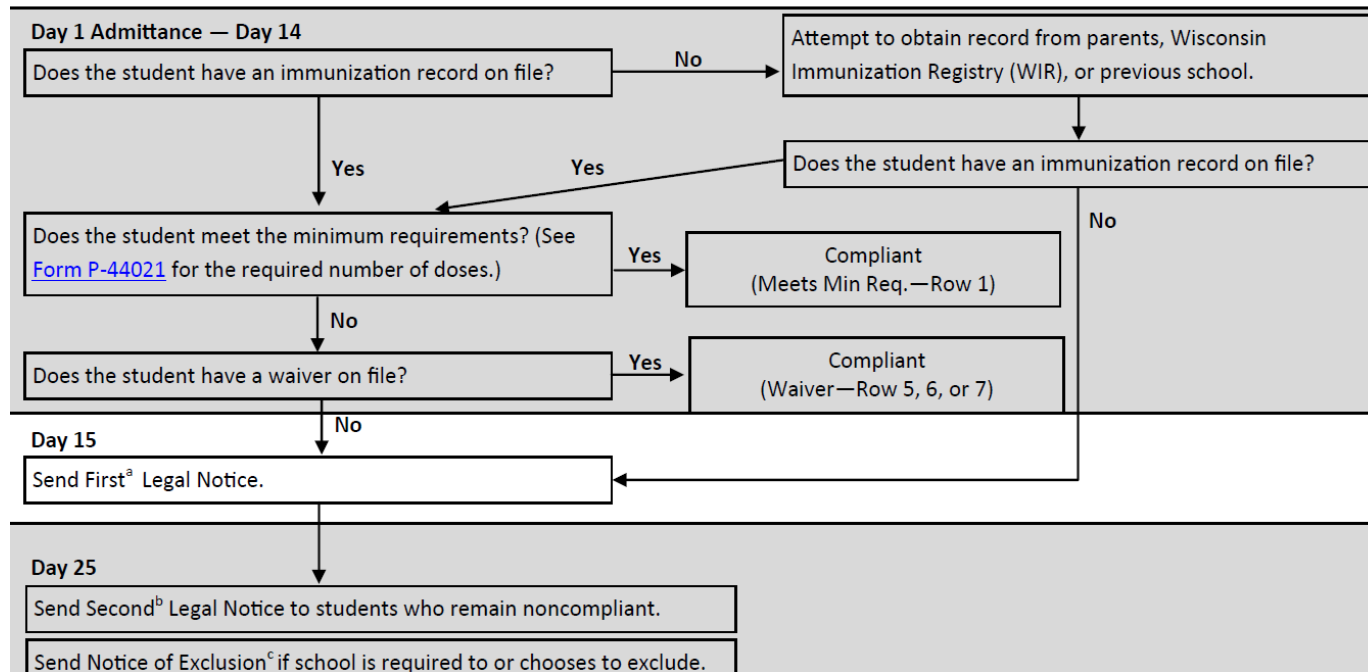
**Wisconsin Student Immunization Law Timeline: Actions Required of Schools**

School Day	School Actions	Forms and Resources
1 <sup>st</sup>	<b>Admission to School</b>	
1 <sup>st</sup> –14 <sup>th</sup>	<b>Assess Compliance</b> Schools assess compliance for all students, paying particular attention to students who: <ul style="list-style-type: none"> <li>• Are new to the school.</li> <li>• Are entering grades with new requirements (Kindergarten, 7<sup>th</sup> grade).</li> <li>• Were “In Process” last school year.</li> <li>• Were noncompliant last school year.</li> </ul>	Schools can look up student immunization histories in the <a href="#">Wisconsin Immunization Registry</a> .  Use the Flow Chart and compliance definitions on form <a href="#">F-04002</a> to determine a student’s compliance category.
15 <sup>th</sup>	<b>First Legal Notice<sup>a</sup></b> Schools send the <a href="#">First Legal Notice</a> and the Student Immunization Record form <a href="#">F-04020L</a> to parents of students who are behind schedule or have no record.	Legal Notice (F-44001) <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>  Student Immunization Record (F-04020L) <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>
25 <sup>th</sup>	<b>Second Legal Notice<sup>b</sup></b> Schools send the <a href="#">Second Legal Notice</a> and the Student Immunization Record form <a href="#">F-04020L</a> to parents of students who are behind schedule or have no record.  Schools also send the <b>Notice of Exclusion<sup>c</sup></b> if the school is required to or chooses to exclude noncompliant students.	Legal Notice (F-44001) <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>  Student Immunization Record (F-04020L) <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>  Notice of Exclusion <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>
30 <sup>th</sup>	<b>First Deadline: Exclusion</b> Schools determine which students are noncompliant <sup>d</sup> and exclude noncompliant students in Kindergarten through Grade 5, starting on the 31 <sup>st</sup> school day, if one of the following is true: <ul style="list-style-type: none"> <li>• The school is a public school and the school district’s compliance level from the previous school year was less than 99.00%.</li> <li>• The school is a private school and the school’s compliance level from the previous school year was less than 99.00%.</li> </ul> Exclusion is optional for Grades 6–12 and for schools that met the 99.00% compliance level in the previous year.	Compliance results from previous school year <ul style="list-style-type: none"> <li>• <a href="#">Public school districts</a></li> <li>• <a href="#">Private schools</a></li> </ul>
40 <sup>th</sup>	<b>School Report to Local Health Department</b> <b>Start Noncompliance Roster</b> Schools submit the School Report to the Local Health Department with the aggregate data using the online REDCap survey: <a href="https://redcap.wisconsin.gov/surveys/?s=DXK47T9EM8RYCRWH">https://redcap.wisconsin.gov/surveys/?s=DXK47T9EM8RYCRWH</a>	School Report to Local Health Department (now online) <a href="#">F-04002</a>

# Flowchart

- Describes the actions required of schools.
- Helps categorize students into compliance categories.
- Clarifies “in process” based on whether it is the first or second year at a Wisconsin school.

Flowchart: Actions Required of Schools and Classification of Students as Compliant or Noncompliant





# Days 1-14: Assess Compliance

**Wisconsin Student Immunization Law Timeline: Actions Required of Schools**

School Day	School Actions	Forms and Resources
1 <sup>st</sup>	Admission to School	
1 <sup>st</sup> – 14 <sup>th</sup>	<b>Assess Compliance</b> Schools assess compliance for all students, paying particular attention to students who: <ul style="list-style-type: none"><li>• Are new to the school.</li><li>• Are entering grades with new requirements (Kindergarten, 7<sup>th</sup> grade).</li><li>• Were “In Process” last school year.</li><li>• Were noncompliant last school year.</li></ul>	Schools can look up student immunization histories in the <a href="#">Wisconsin Immunization Registry</a> .  Use the Flow Chart and compliance definitions on form <a href="#">F-04002</a> to determine a student’s compliance category.

# Clarification

- **Do** assess compliance for students enrolled in a brick and mortar school, including students enrolled in:
  - Public schools
  - Private schools
  - Charter schools
  - Pre-K classes, such as 3K or early childhood, and 4K

**Note:** Homeschool or virtual school students enrolled in coursework or extracurricular activities at a brick-and-mortar school should also be assessed.

# Day 15: Send First Legal Notice

15 <sup>th</sup>	<b>First Legal Notice<sup>a</sup></b> Schools send the First Legal Notice and the Student Immunization Record, <a href="#">F-04020L</a> to parents of students who are behind schedule or have no record.	Legal Notice (F-44001) <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>  Student Immunization Record (F-04020L) <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>
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# Day 25: Send Second Legal Notice

25 <sup>th</sup>	<p><b>Second Legal Notice<sup>b</sup></b> Schools send the Second Legal Notice and the Student Immunization Record form F-04010L to parents of students who are behind schedule or have no record.</p> <p>Schools also send the <b>Notice of Exclusion<sup>c</sup></b> if the school is required to or chooses to exclude noncompliant students.</p>	<p>Legal Notice (F-44001) <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a></p> <p>Student Immunization Record (F-04020L) <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a></p> <p>Notice of Exclusion <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a></p>
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# Day 30: Exclude Noncompliant Students

30 <sup>th</sup>	<p><b>First Deadline: Exclusion</b></p> <p>Schools determine which students are noncompliant<sup>d</sup> and exclude noncompliant students in 5K through Grade 5, starting on the 31<sup>st</sup> school day, if one of the following is true:</p> <ul style="list-style-type: none"><li>• The school is a public school and the school district's compliance level from the previous school year was less than 99%.</li><li>• The school is a private school and the school's compliance level from the previous school year was less than 99%.</li></ul> <p>Exclusion is optional for grades 6-12 and for schools that met the 99% compliance level in the previous year.</p>	<p>Compliance results from previous school year</p> <p><a href="#">Public school districts</a></p> <p><a href="#">Private schools</a></p>
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# Day 40: School Report to the Local Health Department (LHD)

40 <sup>th</sup>	<p><b>School Report to Local Health Department</b></p> <p><b>Start Noncompliance Roster</b></p> <p>Schools send the School Report to the Local Health Department with the aggregate data.</p> <p>Schools generate Noncompliance Roster and keep it on file at school.</p> <p><b>Note:</b> 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<sup>th</sup> day of the next school year.</p>	<p>School Report to Local Health Department <a href="#">F-04002</a></p> <p>Noncompliance Roster <a href="#">F-01580</a></p>
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Complete [the 2023-2024 version](#) of the School Report to the Local Health Department found at this link: <https://redcap.wisconsin.gov/surveys/?s=DXK47T9EM8RYCRWH>

Do **not** use older versions of the report.

# Day 40: Generate the Noncompliance Roster

- List the students who are “behind schedule,” “no record,” “in process,” or have a “waiver.”
- In the event of an outbreak, this information will help identify which students need to be protected from the vaccine preventable disease.

**DEPARTMENT OF HEALTH SERVICES**  
Division of Public Health  
F-01580 (07/2016)

**STATE OF WISCONSIN.**  
Wis. Stats. § 144.07

### 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 40<sup>th</sup> 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 Total Doses or D=Disease	Tdap Dose Date
				Behind Schedule	No Record	In Process	H	R	PC	Total Doses	Last Dose Date	Total Doses	Last Dose Date				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

# Day 90: Follow Up With Noncompliant Students

90 <sup>th</sup>	<b>Second Deadline</b> Schools add noncompliant <sup>d</sup> 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 <sup>d</sup> .	90 <sup>th</sup> day letter-In Process <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>  90 <sup>th</sup> day letter-Not Compliant <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>
At any time	<b>Educational materials</b> <i>Optional:</i> Schools may send educational materials to students' families.	Tdap Fact Sheet <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>  Immunization Requirements <a href="#">English</a>   <a href="#">Spanish</a>   <a href="#">Hmong</a>   <a href="#">Somali</a>

# Optional: 90<sup>th</sup> Day Letters

Schools may choose to send letters to students who are in process or not compliant after the 90<sup>th</sup> school day.

- This gives parents time to get their child vaccinated before the beginning of the next school year.
- *This is optional* but is recommended.

## 90<sup>th</sup> 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. We encourage you to schedule a vaccination appointment so that your child becomes compliant before the beginning of the next school year.

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

In order to remain in compliance, 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 record 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 your child's vaccination status will be reassessed to ensure that he/she is sufficiently vaccinated for his/her school year or has a waiver on file. If sufficient documentation is not supplied for your child, your child will be required to receive vaccinations before the beginning of the next school year.

For additional information, please visit <http://www.cdc.gov/vaccines/imz/downloads/>

## 90<sup>th</sup> 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 the appropriate 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. Vaccination is especially important for school-aged children because children in school are 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 record 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>

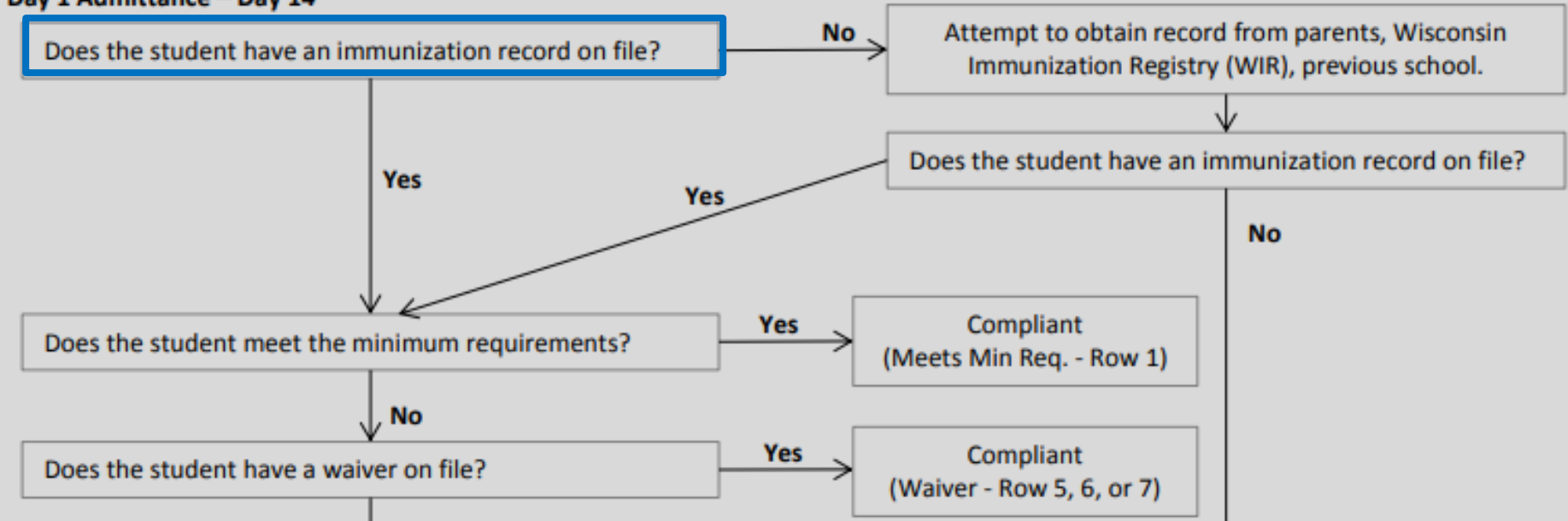
Please be aware that in the fall of the next school year, your child's vaccination status will be reassessed to ensure that he/she is sufficiently vaccinated for his/her school year or has a waiver on file. If sufficient documentation is not supplied for your child, your child will be required to receive vaccinations before the beginning of the next school year.





# Day 1-14: Record on File?

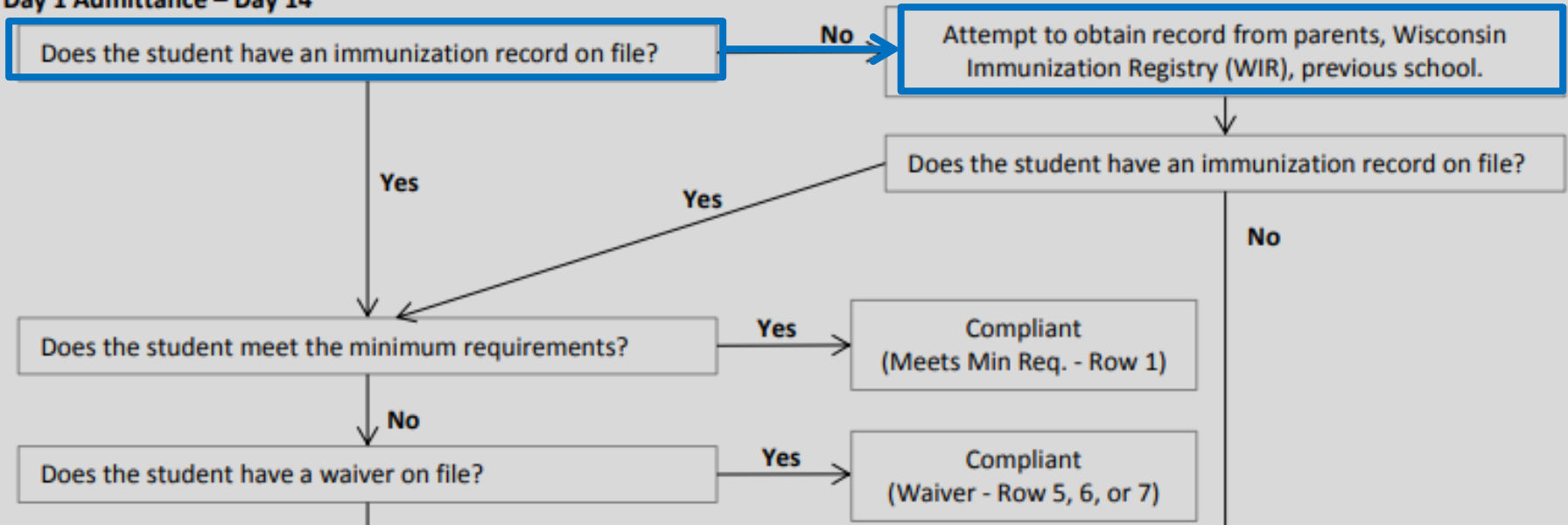
Day 1 Admittance – Day 14





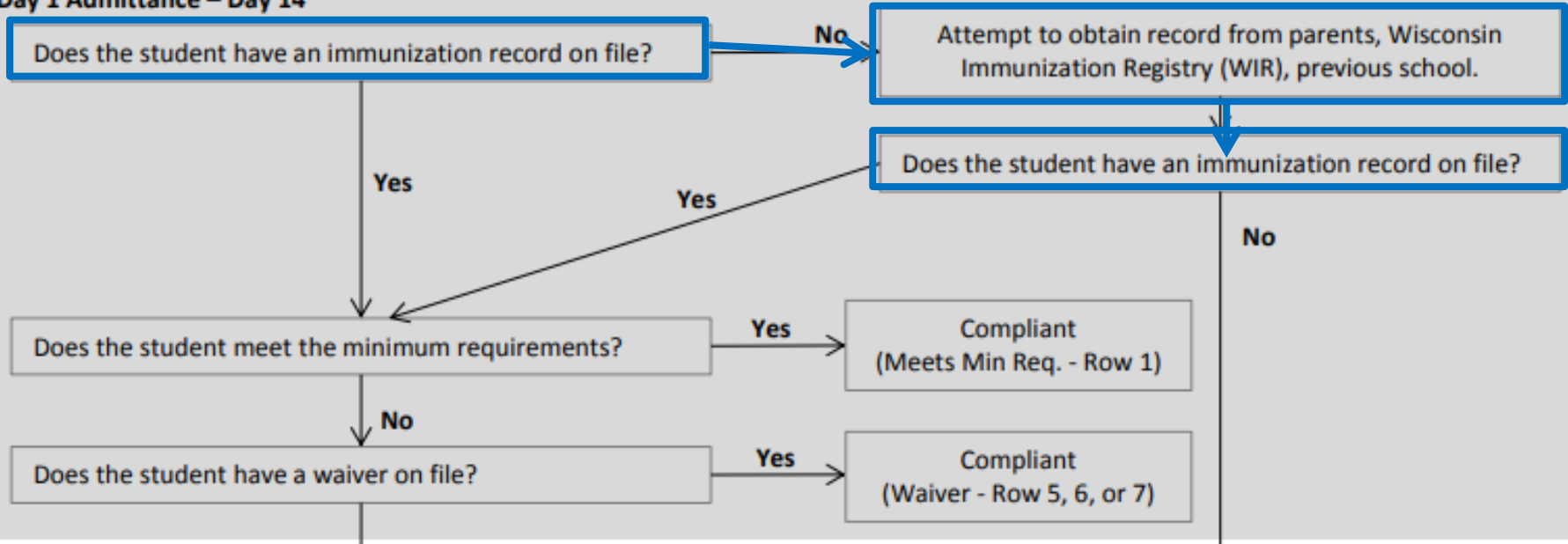
# Day 1-14: Attempt to Obtain Record

## Day 1 Admittance – Day 14



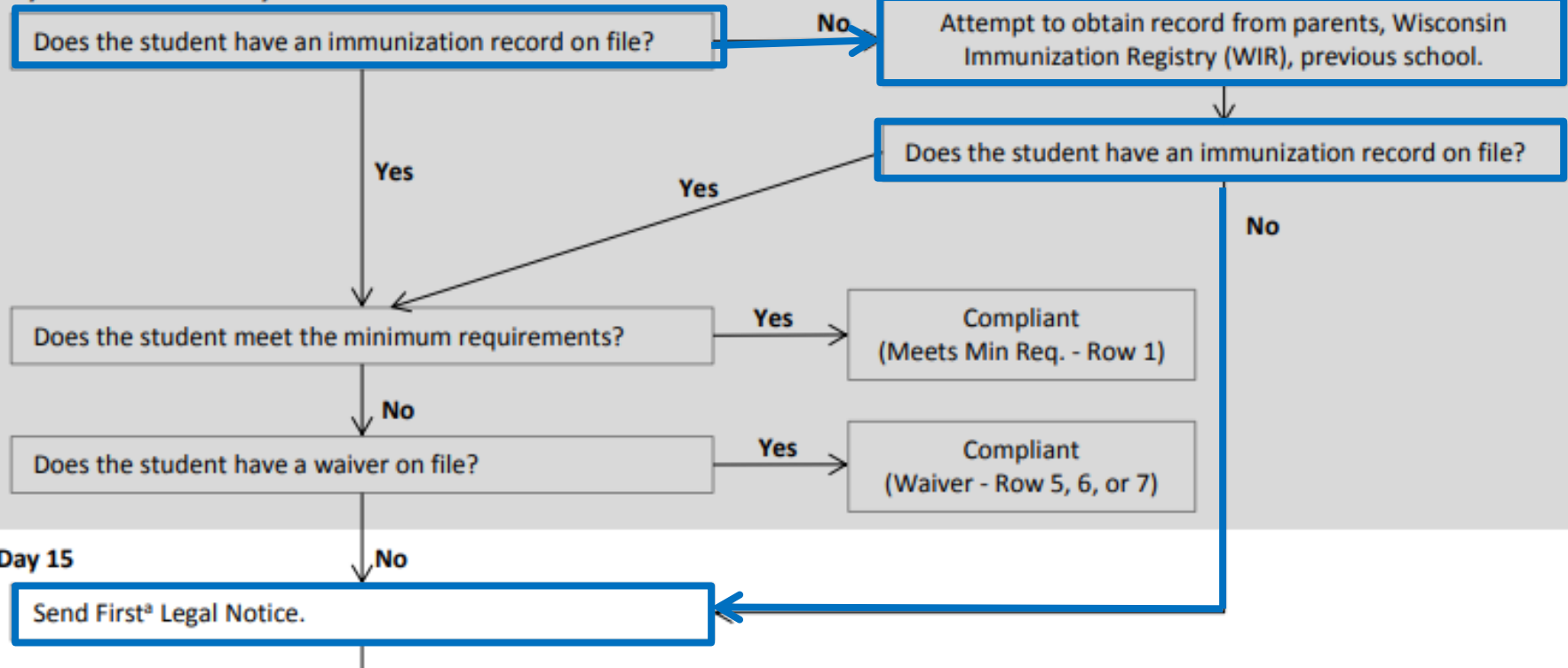
# Day 1-14: Record on File?

## Day 1 Admittance – Day 14

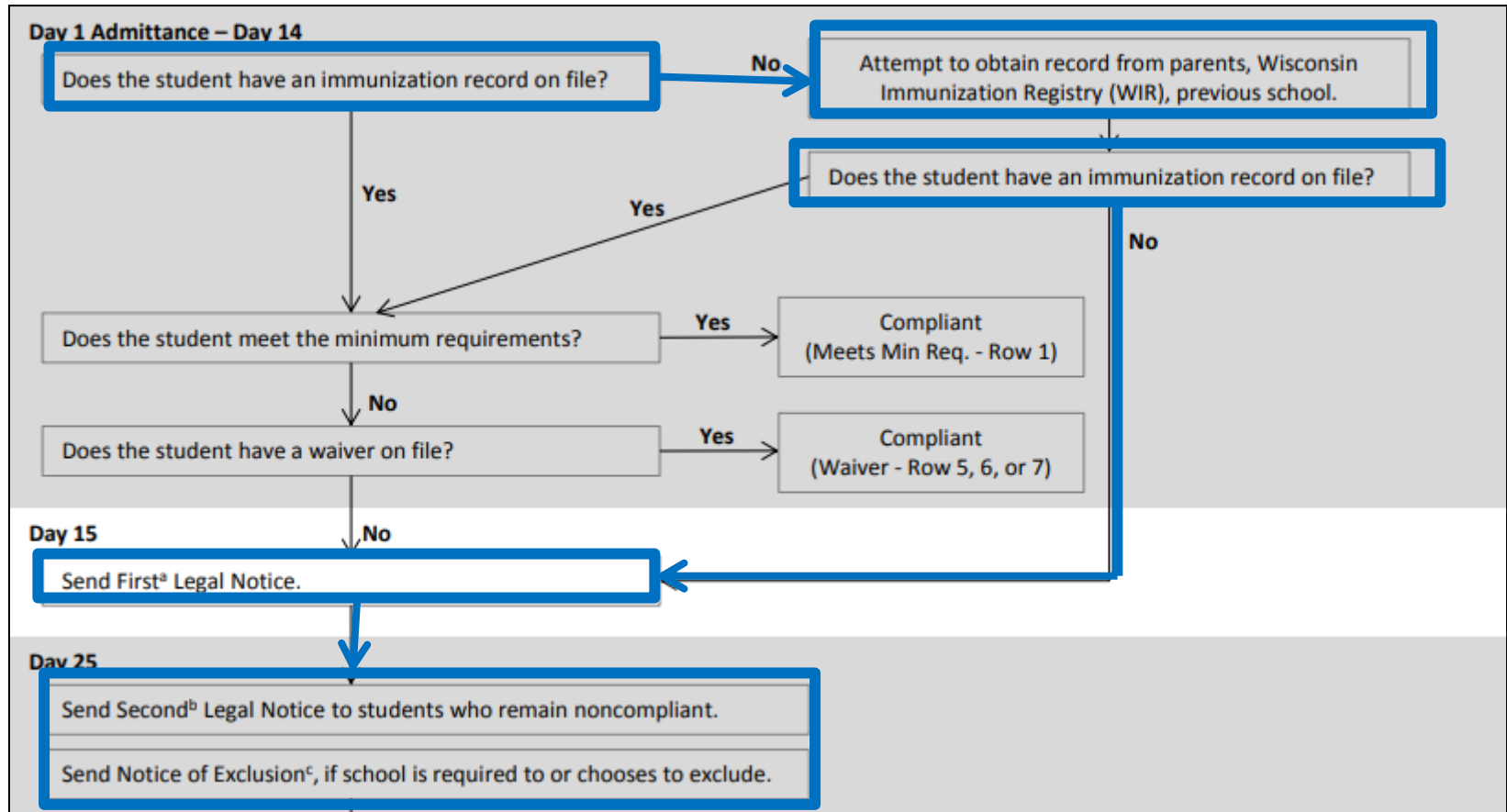


# Day 15: Send First Legal Notice

Day 1 Admittance – Day 14



# Day 25: Send Second Legal Notice





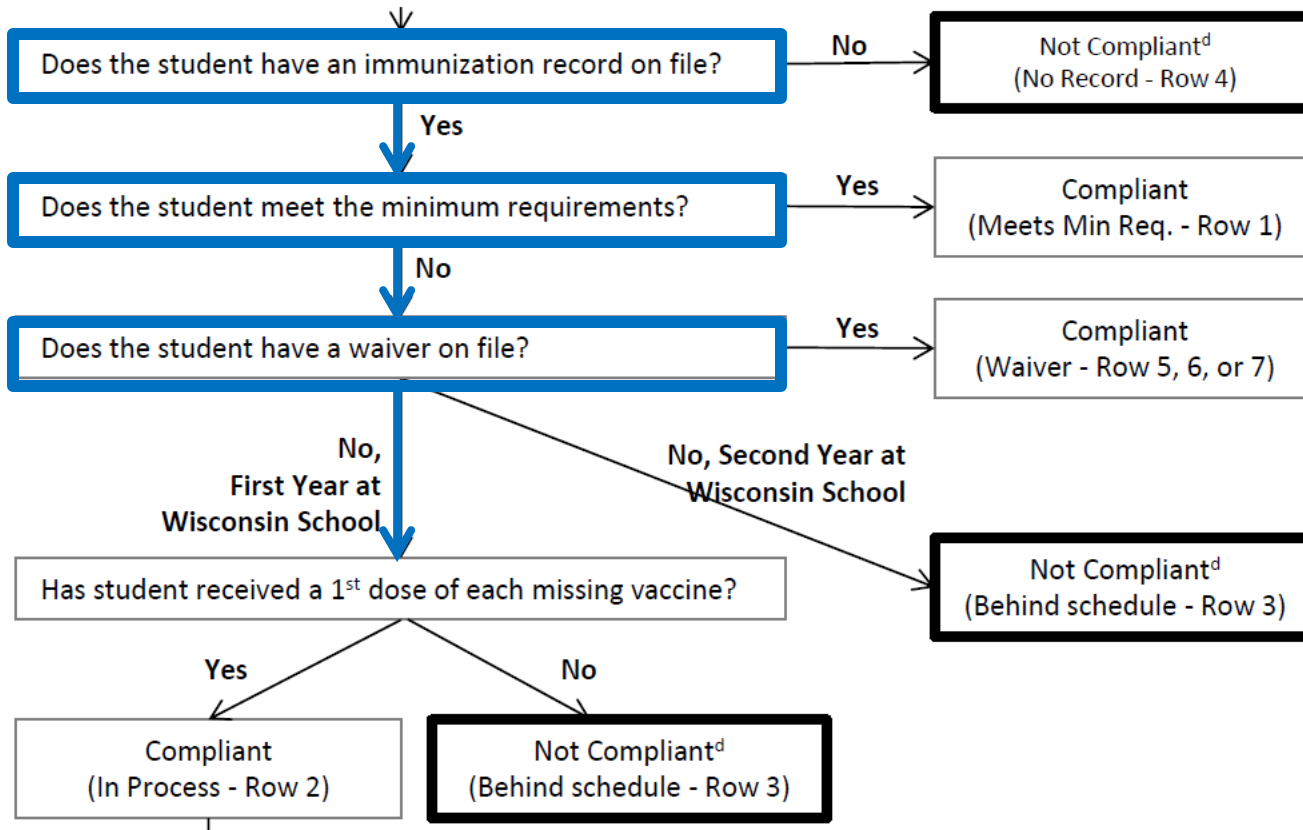
# Update

Before Day 30, parents submit records that indicate the student has received:

- 1 dose of polio vaccine.
- 1 dose of DTaP vaccine.
- 1 dose of MMR vaccine.
- 1 dose of hepatitis B vaccine.
- 1 dose of varicella vaccine.

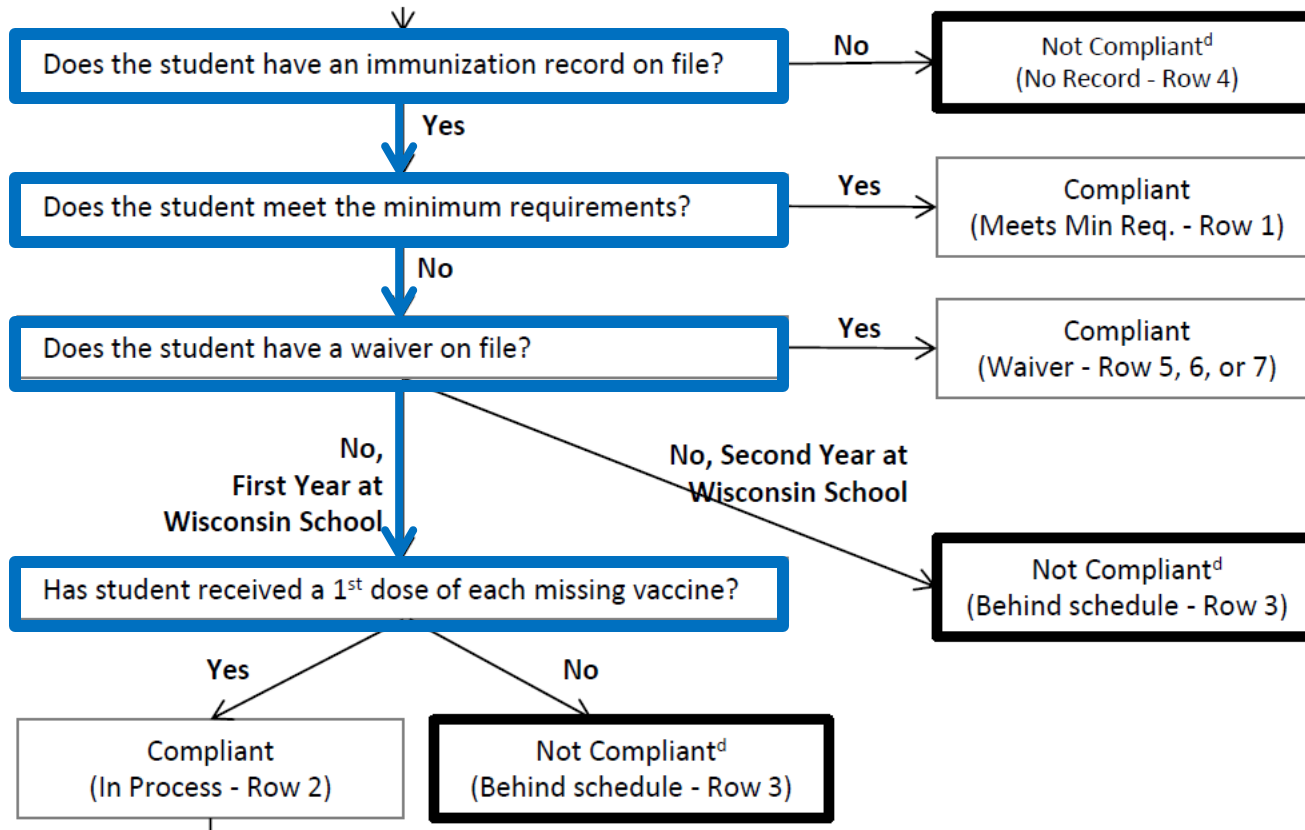
# Day 30: Reassess and Prepare to Exclude

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



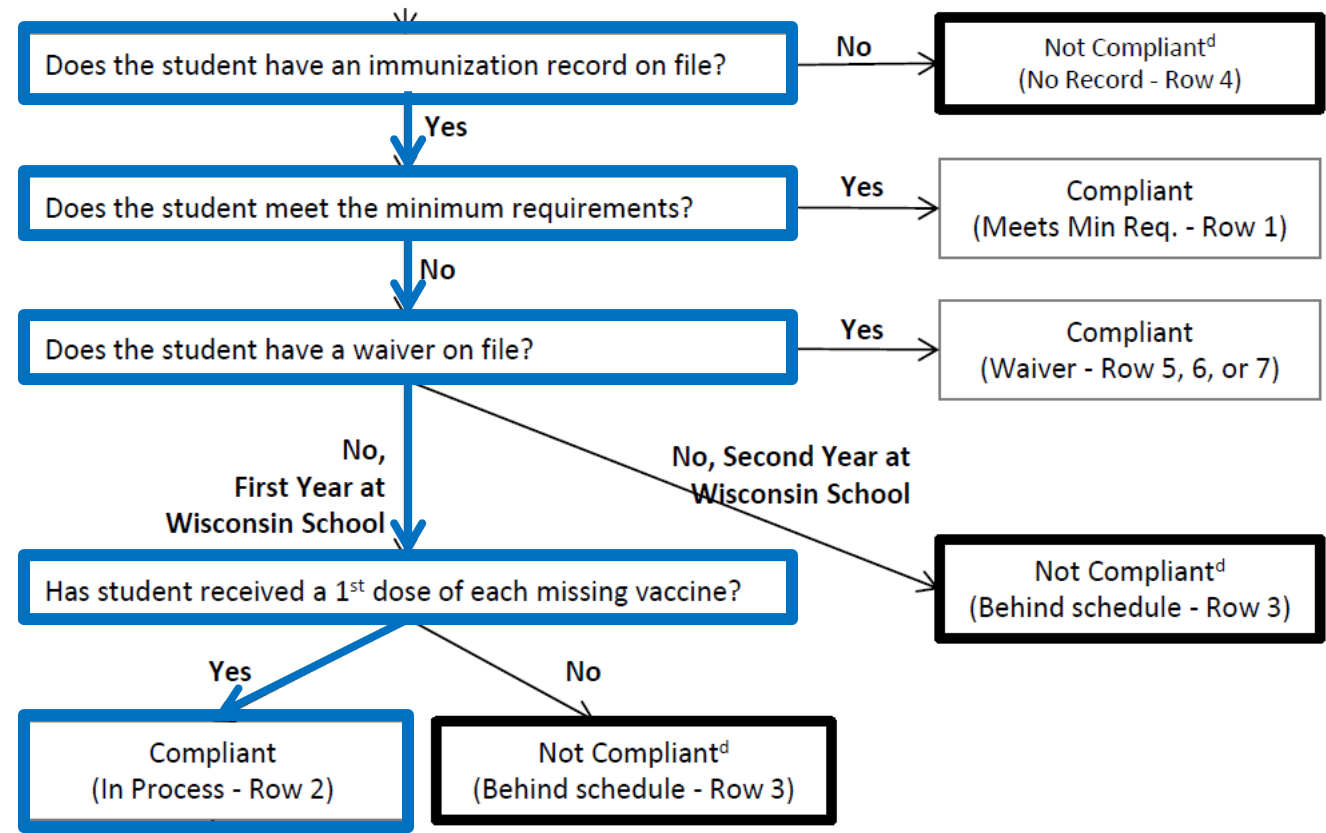
# Day 30: Received First Dose of Each Vaccine?

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



# Classify as In Process, Row 2

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



This student is classified as **“in process”** because the student provided documentation that he/she had received the first dose of each required vaccine by the 30<sup>th</sup> school day and it is the student’s first year at this school.

# Day 40: School Report to LHD

**Count** the student as In Process on the School Report to the LHD.  
**Add** the student to the Noncompliance Roster.

F-04002 (05/2023)

Page 2 of 5

**SECTION B:** List the number of students that fall into each category for each vaccine. **For each question 1-5, the sum of rows a-g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.**<sup>4</sup>

	Kindergarten Students <sup>3</sup>	All students <sup>1</sup>
<b>1. DTaP/DTP/DT/Td</b>	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total		
<b>2. Polio</b>	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total		
<b>3. Hepatitis B</b>	3 doses required	3 doses required
3a. Meets minimum requirements		

# Update

The student received no additional doses of vaccine by the 90<sup>th</sup> school day.



# Day 90: Subsequent Doses Received?

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

Day 90

Has student received a subsequent dose of each missing vaccine?

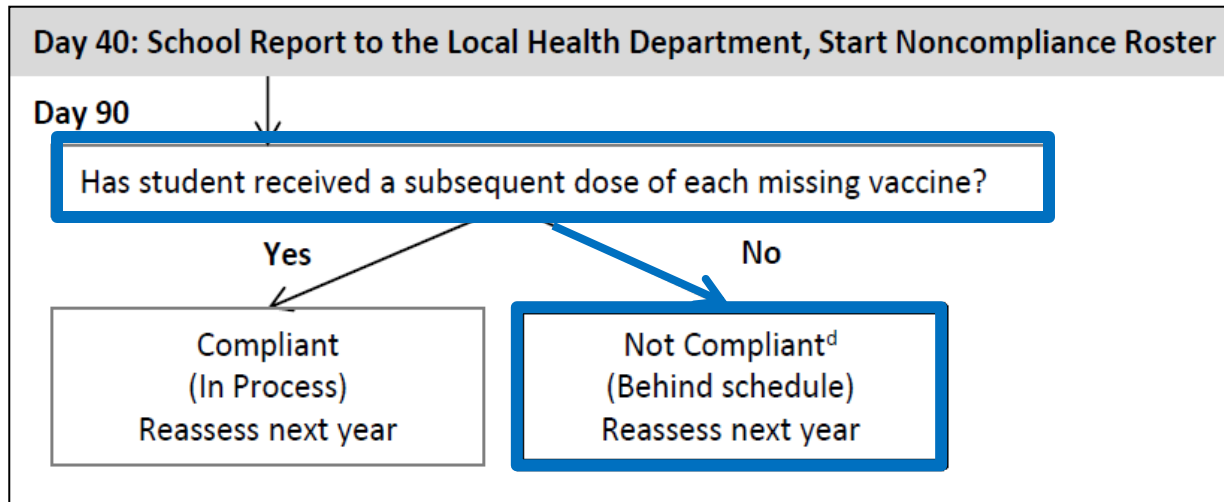
Yes

No

Compliant  
(In Process)  
Reassess next year

Not Compliant<sup>d</sup>  
(Behind schedule)  
Reassess next year

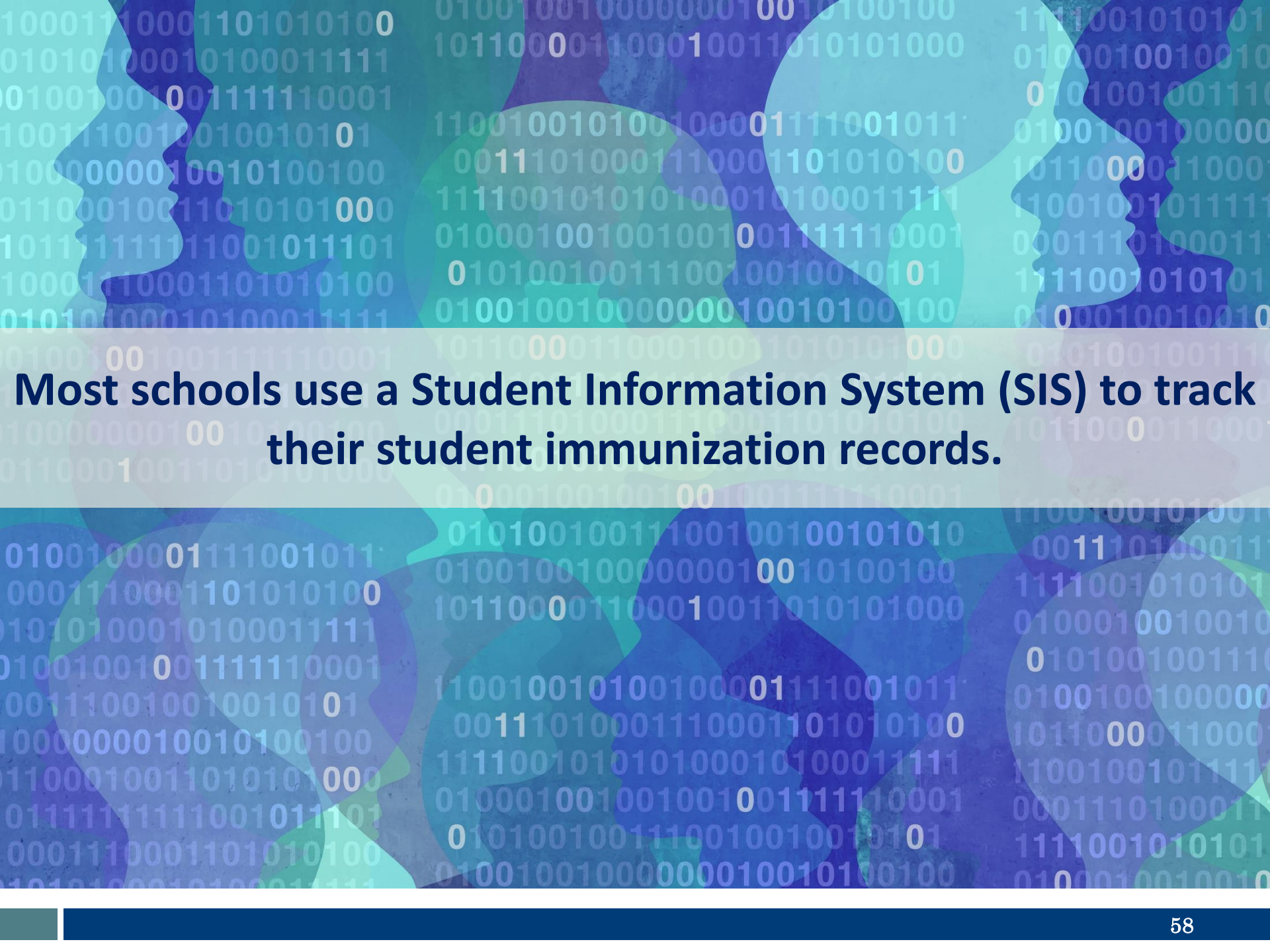
# Optional: 90<sup>th</sup> Day Letters



**Optional:** Because the student did not receive the second dose of the required vaccines by the 90<sup>th</sup> day, the school is recommended to send to the parents the 90<sup>th</sup> day letter for students who are not compliant.







**Most schools use a Student Information System (SIS) to track their student immunization records.**



# School Access to the Wisconsin Immunization Registry (WIR)



**Some schools may still be using paper records to complete their school assessment**





# Purpose of the School Report to LHD

Collects the number of students in each compliance category in order to:

- Assess and monitor compliance with the student immunization law.

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Collects the number of students in each compliance category in order to:

- Assess and monitor compliance with the student immunization law.
- Determine which schools will be required to exclude noncompliant students in the next school year.
- Share waiver rates and rates of vaccinated children at each school.

# Reporting by DPI School Codes

- Each school should complete a **separate** School Report to LHD form.
- Compliance results from schools with different codes should **not** be combined.

# DPI LEA (District) and DPI School Codes

- DPI assigns each school a unique ID

WI School Directory

Home

School Districts

Public Schools

Private Schools

Contacts

How-To Guide

Admin Login

Public Schools

Please use one or more filters to search schools.

Reset Filters

Search by district/school name, city or ZIP code

District

Madison Metropolitan

Status | Type | Programs

Grades Served

CESA

Locale

County

School (LEA - School Code)	Grades Served	Categories/Programs	Address
<div>4K PK Off Site (3269-0190)</div> <div>Elementary School</div> <div>Madison Metropolitan</div> <div>Details</div>	K4-PK	Supplemental Virtual	545 W Dayton St Madison WI 53703
<div>Badger Rock Mid (3269-0200)</div> <div>Middle School</div> <div>Madison Metropolitan</div> <div>Details</div>	6-8	Charter Supplemental Virtual	501 E Badger Rd Madison WI 53713
<div>Black Hawk Mid (3269-0690)</div> <div>Middle School</div> <div>Madison Metropolitan</div> <div>Details</div>	6-8	Supplemental Virtual	1402 Wyoming Way Madison WI 53704-1497
<div>Capital Hi (3269-0410)</div> <div>High School</div> <div>Madison Metropolitan</div> <div>Details</div>	9-12	Alternative	1045 E Dayton St Madison WI 53703-2427
<div>Cesar Chavez El (3269-0110)</div> <div>Elementary School</div> <div>Madison Metropolitan</div> <div>Details</div>	K4-5	Supplemental Virtual	3502 Maple Grove Dr Madison WI 53719

1-5 of 54 items



# School Report to Local Health Departments

DEPARTMENT OF HEALTH SERVICES  
Division of Public Health  
F-04002 (05/2023)

STATE OF WISCONSIN  
Wis. Stat. § 252.04  
Page 1 of 5

## SCHOOL REPORT TO LOCAL HEALTH DEPARTMENT, 2023-2024

Wisconsin Stat. § 252.04 requires that all students through grade 12 must present written evidence showing they are 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 40<sup>th</sup> school day.

### INSTRUCTIONS

Complete a separate F-04002 for each school in your district. Report results for only one school (one DPI school code) per form. Submit the data on this form (F-04002) to the online REDCap survey:

<https://redcap.wisconsin.gov/surveys/?s=DXK47T9EM8RYCRWH>

### SECTION A

Fill out the contact information for this school, including lowest and highest grades, and LEA and school code. Find DPI codes for [public schools](#) and [private schools](#). For questions A1-A3, please enter the number of students in each enrollment category at the time of assessment. Please do not report data for multiple schools or entire school districts on one form. If questions A2 or A3 are not relevant to your school, please enter 0.

### SECTION B

Please enter the number of students that fall into each category for each vaccine. For each question 1-5 (or 6, if applicable), students should fall into only one category. Therefore, the sum of rows a-g for each vaccine must match the total enrollment entered in question A1 and question A2. If there are zero children that fall into a given category or the category is not applicable, please enter 0. Definitions of each category are on the last page of this form.

### SECTION C-D

Please enter the number of students that fall into each category. For questions 7-15, students may fall into more than one category. Therefore, the sum of these numbers entered may not match numbers entered in questions A1-A2. If there are zero children that fall into a given category or the category is not applicable, please enter 0.

# Report: Section A

<b>SECTION A:</b> 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.		
At this school, we have students enrolled in the following grades:	Starting with Grade <input type="text"/> to <input type="text"/>	
DPI LEA (District) Code (4-digit number)	DPI School Code (4-digit number)	
Name of School		
Address, City, Zip Code		County
Name of Person Completing Form (Print)	Email Address	Phone Number (include area code)
What was your first day of class instruction?	Does your school use a Student Information System (SIS), yes or no?	
If yes, please specify the name of your SIS.		
A1: Total School Enrollment:		
A2: Kindergarten Enrollment:		
A3: Grade 7 Enrollment:		



# Report: Section B

F-04002 (05/2023)

Page 2 of 5

**SECTION B:** List the number of students that fall into each category for each vaccine. **For each question 1-5, the sum of rows a-g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.**<sup>4</sup>

	Kindergarten Students <sup>3</sup>	All students <sup>1</sup>
<b>1. DTaP/DTP/DT/Td</b>	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total		
<b>2. Polio</b>	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total		
<b>3. Hepatitis B</b>	3 doses required	3 doses required
3a. Meets minimum requirements		

# Report: Section C

**Section C:** List the number of students that fall into each category. Students may fall into more than one category (e.g., having a medical waiver for MMR and a personal conviction waiver for DTaP).

	Kindergarten Students	All students <sup>1</sup>
7. At least one <b>health</b> waiver:		
8. At least one <b>religious</b> waiver:		
9. At least one <b>personal</b> conviction waiver:		
10. Students who have received no immunizations and have a waiver for all vaccines		

# Report: Section D

**Section D:** List the number of students that fall into each category. Definitions of each category are found on the next page. Students should fall into one overall category.

	Kindergarten Students	All Students <sup>1</sup>
11. Students meeting all minimum requirements: <sup>4</sup>		
12. Students who are in process: <sup>2</sup>		
13. Students who are behind schedule: <sup>2</sup>		
14. Students with no record: <sup>2</sup>		
15. Students with any waiver: <sup>3</sup>		

1. Including 3K or early childhood, 4K, and 5K through the highest grade served at the school.
2. Please refer to the compliance definitions on the following pages to ensure proper classification.
3. Refers to the number of **students** with any waiver (health, religious, or personal conviction), not the number of waivers. Therefore, students with more than one waiver should be counted **once**.
4. If a student has a history of varicella, they should be counted in the Meets Minimum Requirements category in this section.

Instructions for locating a school's unique DPI LEA (district) code and DPI school code.

Definitions of each compliance category are found on the back of the form.

## 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 four digits long, including leading zeros. You can search for your school's codes using the following links.

Public schools: <https://apps6.dpi.wi.gov/SchDirPublic/schools>

Private schools: <https://apps6.dpi.wi.gov/SchDirPublic/private-schools>

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

### Required vaccines and number of doses:

Grade or Age	Number of Doses					
Pre-K (ages 2 through 4 yrs.) <sup>1</sup>	4 DTaP/DTP/DT <sup>2</sup>		3 Polio	3 Hepatitis B <sup>5</sup>	1 MMR <sup>7</sup>	1 Varicella <sup>8</sup>
Grades K-6	4 DTaP/DTP/DT/Td <sup>2,3</sup>		4 Polio <sup>5</sup>	3 Hepatitis B <sup>5</sup>	2 MMR <sup>7</sup>	2 Varicella <sup>8</sup>
Grades 7-12	4 DTaP/DTP/DT/Td <sup>2</sup>	1 Tdap <sup>4</sup>	4 Polio <sup>5</sup>	3 Hepatitis B <sup>5</sup>	2 MMR <sup>7</sup>	2 Varicella <sup>8</sup>

- Children  $\geq 5$  years of age who are enrolled in a pre-K class should be assessed using the immunization requirements for K through grade 6 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 third dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose four days or less before the 4<sup>th</sup> birthday is also acceptable).
- DTaP/DTP/DT vaccine for children entering kindergarten: Each student must have received one dose after the 4<sup>th</sup> birthday (either the third, fourth, or fifth dose) to be compliant. (Note: a dose four days or less before the 4<sup>th</sup> 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 five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required. Schools only grades 6 and below, enter zeros in these cells.
- Polio vaccine for students entering kindergarten through grade 12: Four doses are required. However, if a student received the third dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose four days or less before the 4<sup>th</sup>

# Worksheet Tally

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
Student Number	DTaP						Polio						Hepatitis B						MMR					
	1a.	1b.	1c.	1d.	1e.	1f.	2a.	2b.	2c.	2d.	2e.	2f.	3a.	3b.	3c.	3d.	3e.	3f.	4a.	4b.	4c.	4d.	4e.	4f.
	UTD	IP	BS	HW	RW	PW	UTD	IP	BS	HW	RW	PW	UTD	IP	BS	HW	RW	PW	UTD	IP	BS	HW	RW	PW
1																								
2																								
3																								
4																								
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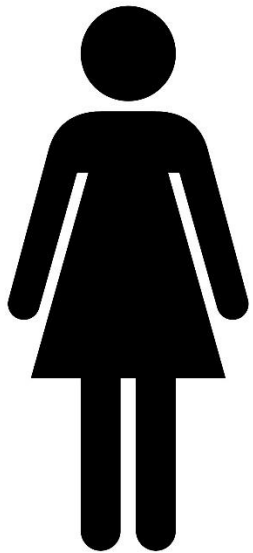




**Students may fall into different compliance categories depending on their vaccination history.**



# Kindergarten Example



0 doses of DTaP  
1 doses of Hep B  
0 doses of Polio  
0 doses of MMR  
0 doses of Varicella

No waivers

Record according to WIR



**Compliant?**

**SECTION B:** List the number of students that fall into each category for each vaccine. For each question 1-5, the sum of rows a-g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.<sup>4</sup>

	Kindergarten Students <sup>3</sup>	All students <sup>1</sup>
<b>1. DTaP/DTP/DT/Td</b>	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total		
<b>2. Polio</b>	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total		
<b>3. Hepatitis B</b>	3 doses required	3 doses required
3a. Meets minimum requirements		
3b. In process		
3c. Behind schedule		
3d. Health waiver		
3e. Religious waiver		
3f. Personal conviction waiver		
3g. No record		
3h. Hepatitis B Total		

0 doses of DTaP  
 1 doses of Hep B  
 0 doses of Polio  
 0 doses of MMR  
 0 doses of Varicella  
 No Waivers

The “**no record**” status is reserved for students who do not have a record for any vaccine.

<b>4. MMR</b>	<b>2 doses required</b>	<b>2 doses required</b>
4a. Meets minimum requirements		
4b. In process		
4c. Behind schedule		
4d. Health waiver		
4e. Religious waiver		
4f. Personal conviction waiver		
4g. No record		
4h. MMR Total		
<b>5. Varicella</b>	<b>2 doses required</b>	<b>2 doses required</b>
5a. Meets minimum requirements		
5b. In process		
5c. Behind schedule		
5d. Health waiver		
5e. Religious waiver		
5f. Personal conviction waiver		
5g. History of Varicella disease		
5h. No record		
5i. Varicella Total		

0 doses of DTaP  
 1 doses of Hep B  
 0 doses of Polio  
 0 doses of MMR  
 0 doses of Varicella  
 No Waivers

**SECTION C:** List the number of students that fall into each category. Students may fall into more than one category (for example, having a medical waiver for MMR and a personal conviction waiver for DTaP).

	Kindergarten Students	All Students <sup>1</sup>
7. At least one <b>health</b> waiver:		
8. At least one <b>religious</b> waiver:		
9. At least one <b>personal conviction waiver</b> :		
10. Students who have received no immunizations and have a waiver for all vaccines		

**SECTION D:** List the number of students that fall into each category. Definitions of each category 12-16 are found on the next page. Students may fall into more than one category.

	Kindergarten Students	All students <sup>1</sup>
11. Students meeting all minimum requirements: <sup>4</sup>		
12. Students who are in process: <sup>2</sup>		
13. Students who are behind schedule: <sup>2</sup>		
14. Students with no record: <sup>2</sup>		
15. Students with any waiver: <sup>3</sup>		

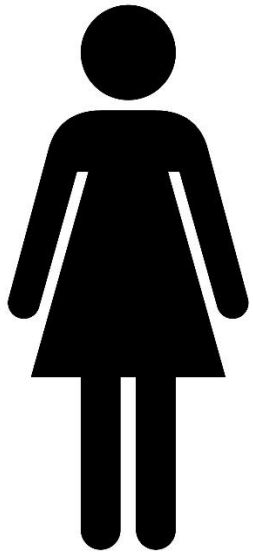
1. Including 3K or early childhood, 4K, and 5K through grade 5.

2. For at least one vaccine

3. Refers to the number of **students** with any waiver (health, religious, or personal conviction), not the number of waivers. Therefore, students with more than one waiver should be counted **once**.

4. If a student has a history of varicella, they should be counted in the meets minimum requirements category in Section D.

# 7<sup>th</sup> Grade Out of State Transfer Example



5 doses of DTaP  
3 doses of Hep B  
4 doses of Polio  
2 doses of MMR  
1 dose of Varicella  
0 doses of Tdap  
No Waivers



**Compliant?**

Record from doctor's office



**SECTION B:** List the number of students that fall into each category for each vaccine. **For each question 1-5, the sum of rows a-g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.**<sup>4</sup>

	Kindergarten Students <sup>3</sup>	All students <sup>1</sup>
<b>1. DTaP/DTP/DT/Td</b>	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total		
<b>2. Polio</b>	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total		
<b>3. Hepatitis B</b>	3 doses required	3 doses required
3a. Meets minimum requirements		
3b. In process		
3c. Behind schedule		
3d. Health waiver		
3e. Religious waiver		
3f. Personal conviction waiver		
3g. No record		
3h. Hepatitis B Total		

5 doses of DTaP  
3 doses of Hep B  
4 doses of Polio  
2 doses of MMR  
1 dose of Varicella  
0 doses of Tdap  
No Waivers

4. MMR	2 doses required	2 doses required
4a. Meets minimum requirements		
4b. In process		
4c. Behind schedule		
4d. Health waiver		
4e. Religious waiver		
4f. Personal conviction waiver		
4g. No record		
4h. MMR Total		
5. Varicella	2 doses required	2 doses required
5a. Meets minimum requirements		
5b. In process		
5c. Behind schedule		
5d. Health waiver		
5e. Religious waiver		
5f. Personal conviction waiver		
5g. History of Varicella disease		
5h. No record		
5i. Varicella Total		

6. Tdap (Grade 7 Only)		1 dose <sup>2</sup> required
6a. Meets minimum requirements		
6b. In process		
6c. Behind schedule		
6d. Health waiver		
6e. Religious waiver		
6f. Personal conviction waiver		
6g. No record		
6h. Tdap Total		

5 doses of DTaP  
 3 doses of Hep B  
 4 doses of Polio  
 2 doses of MMR  
 1 dose of Varicella  
 0 doses of Tdap  
 No Waivers

A student cannot be “in process” for Tdap because it’s a one-dose requirement.

**SECTION C:** List the number of students that fall into each category. Students may fall into more than one category (for example, having a medical waiver for MMR and a personal conviction waiver for DTaP).

	Kindergarten Students	All Students <sup>1</sup>
7. At least one <b>health</b> waiver:		
8. At least one <b>religious</b> waiver:		
9. At least one <b>personal conviction</b> waiver:		
10. Students who have received no immunizations and have a waiver for all vaccines		

**SECTION D:** List the number of students that fall into each category. Definitions of each category 12-16 are found on the next page. Students may fall into more than one category.

	Kindergarten Students	All students <sup>1</sup>
11. Students meeting all minimum requirements: <sup>4</sup>		
12. Students who are in process: <sup>2</sup>		
13. Students who are behind schedule: <sup>2</sup>		
14. Students with no record: <sup>2</sup>		
15. Students with any waiver: <sup>3</sup>		

1. Including 3K or early childhood, 4K, and 5K through grade 5.

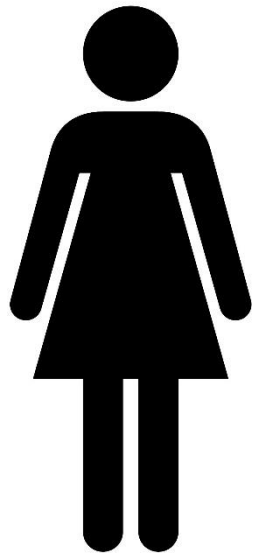
2. For at least one vaccine

3. Refers to the number of **students** with any waiver (health, religious, or personal conviction), not the number of waivers. Therefore, students with more than one waiver should be counted **once**.

4. If a student has a history of varicella, they should be counted in the meets minimum requirements category in Section D.

If a student is “behind schedule” for one or more vaccines, their overall category will be “behind schedule,” even if they met minimum requirements for some or all other vaccines.

# In State Transfer Example



3 doses of DTaP\*  
1 doses of Hep B  
3 doses of Polio  
0 doses of MMR  
1 dose of Varicella  
No waivers



**Compliant?**

Record from previous school and WIR

\*3<sup>rd</sup> dose administered after 4<sup>th</sup> birthday

**SECTION B:** List the number of students that fall into each category for each vaccine. For each question 1-5, the sum of rows a-g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.<sup>4</sup>

	Kindergarten Students <sup>3</sup>	All students <sup>1</sup>
<b>1. DTaP/DTP/DT/Td</b>	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total		
<b>2. Polio</b>	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total		
<b>3. Hepatitis B</b>	3 doses required	3 doses required
3a. Meets minimum requirements		
3b. In process		
3c. Behind schedule		
3d. Health waiver		
3e. Religious waiver		
3f. Personal conviction waiver		
3g. No record		
3h. Hepatitis B Total		

3 doses of DTaP\*  
 1 doses of Hep B  
 3 doses of Polio  
 0 doses of MMR  
 1 dose of Varicella  
 No waivers



One dose (third, fourth, or fifth dose) of DTaP vaccine must be administered on or after the fourth birthday.

**SECTION B:** List the number of students that fall into each category for each vaccine. **For each question 1-5, the sum of rows a-g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.**<sup>4</sup>

	Kindergarten Students <sup>3</sup>	All students <sup>1</sup>
<b>1. DTaP/DTP/DT/Td</b>	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total		
<b>2. Polio</b>	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total		
<b>3. Hepatitis B</b>	3 doses required	3 doses required
3a. Meets minimum requirements		
3b. In process		
3c. Behind schedule		
3d. Health waiver		
3e. Religious waiver		
3f. Personal conviction waiver		
3g. No record		
3h. Hepatitis B Total		

3 doses of DTaP\*  
 1 doses of Hep B  
 3 doses of Polio  
 0 doses of MMR  
 1 dose of Varicella  
 No waivers

4. MMR	2 doses required	2 doses required
4a. Meets minimum requirements		
4b. In process		
4c. Behind schedule		
4d. Health waiver		
4e. Religious waiver		
4f. Personal conviction waiver		
4g. No record		
4h. MMR Total		
5. Varicella	2 doses required	2 doses required
5a. Meets minimum requirements		
5b. In process		
5c. Behind schedule		
5d. Health waiver		
5e. Religious waiver		
5f. Personal conviction waiver		
5g. History of Varicella disease		
5h. No record		
5i. Varicella Total		

3 doses of DTaP\*  
 1 doses of Hep B  
 3 doses of Polio  
 0 doses of MMR  
 1 dose of Varicella  
 No waivers

**SECTION C:** List the number of students that fall into each category. Students may fall into more than one category (for example, having a medical waiver for MMR and a personal conviction waiver for DTaP).

	Kindergarten Students	All Students <sup>1</sup>
7. At least one <b>health</b> waiver:		
8. At least one <b>religious</b> waiver:		
9. At least one <b>personal conviction waiver</b> :		
10. Students who have received no immunizations and have a waiver for all vaccines		

**SECTION D:** List the number of students that fall into each category. Definitions of each category 12-16 are found on the next page. Students may fall into more than one category.

	Kindergarten Students	All students <sup>1</sup>
11. Students meeting all minimum requirements: <sup>4</sup>		
12. Students who are in process: <sup>2</sup>		
13. Students who are behind schedule: <sup>2</sup>		
14. Students with no record: <sup>2</sup>		
15. Students with any waiver: <sup>3</sup>		

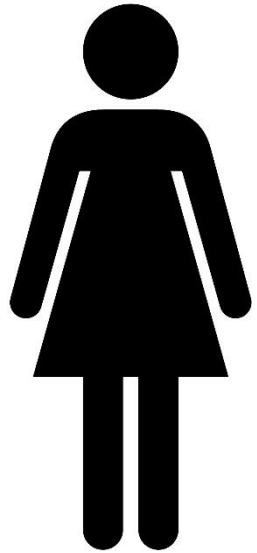
1. Including 3K or early childhood, 4K, and 5K through grade 5.

2. For at least one vaccine

3. Refers to the number of **students** with any waiver (health, religious, or personal conviction), not the number of waivers. Therefore, students with more than one waiver should be counted **once**.

4. If a student has a history of varicella, they should be counted in the meets minimum requirements category in Section D.

# PreK Example



3 doses of DTaP  
1 doses of Hep B  
3 doses of Polio  
0 doses of MMR  
0 doses of Varicella  
No waiver

Record from WIR



**Compliant?**

# PreK Example

## STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and 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 or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

**Table 144.03-A**  
**Required Immunizations for the 2023-2024 School Year**

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
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B		
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B		
Grade 7 through grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B		



**SECTION B:** List the number of students that fall into each category for each vaccine. **For each question 1-5, the sum of rows a-g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.**<sup>4</sup>

	Kindergarten Students <sup>3</sup>	All students <sup>1</sup>
<b>1. DTaP/DTP/DT/Td</b>	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total		
<b>2. Polio</b>	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total		
<b>3. Hepatitis B</b>	3 doses required	3 doses required
3a. Meets minimum requirements		
3b. In process		
3c. Behind schedule		
3d. Health waiver		
3e. Religious waiver		
3f. Personal conviction waiver		
3g. No record		
3h. Hepatitis B Total		

3 doses of DTaP  
1 doses of Hep B  
3 doses of Polio  
0 doses of MMR  
0 doses of Varicella  
No waivers

4. MMR	2 doses required	2 doses required
4a. Meets minimum requirements		
4b. In process		
4c. Behind schedule		
4d. Health waiver		
4e. Religious waiver		
4f. Personal conviction waiver		
4g. No record		
4h. MMR Total		
5. Varicella	2 doses required	2 doses required
5a. Meets minimum requirements		
5b. In process		
5c. Behind schedule		
5d. Health waiver		
5e. Religious waiver		
5f. Personal conviction waiver		
5g. History of Varicella disease		
5h. No record		
5i. Varicella Total		

3 doses of DTaP  
 1 doses of Hep B  
 3 doses of Polio  
 0 doses of MMR  
 0 doses of Varicella  
 No waivers

**SECTION C:** List the number of students that fall into each category. Students may fall into more than one category (for example, having a medical waiver for MMR and a personal conviction waiver for DTaP).

	Kindergarten Students	All Students <sup>1</sup>
7. At least one <b>health</b> waiver:		
8. At least one <b>religious</b> waiver:		
9. At least one <b>personal conviction waiver</b> :		
10. Students who have received no immunizations and have a waiver for all vaccines		

**SECTION D:** List the number of students that fall into each category. Definitions of each category 12-16 are found on the next page. Students may fall into more than one category.

	Kindergarten Students	All students <sup>1</sup>
11. Students meeting all minimum requirements: <sup>4</sup>		
12. Students who are in process: <sup>2</sup>		
13. Students who are behind schedule: <sup>2</sup>		
14. Students with no record: <sup>2</sup>		
15. Students with any waiver: <sup>3</sup>		

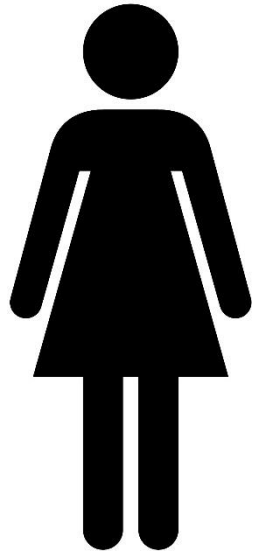
1. Including 3K or early childhood, 4K, and 5K through grade 5.

2. For at least one vaccine

3. Refers to the number of **students** with any waiver (health, religious, or personal conviction), not the number of waivers. Therefore, students with more than one waiver should be counted **once**.

4. If a student has a history of varicella, they should be counted in the meets minimum requirements category in Section D.

# Multiple Waivers Example



Kindergarten student



2 doses of DTaP  
2 doses of Hep B  
2 doses of Polio  
1 dose of MMR  
1 dose of Varicella

Religious waiver for  
MMR  
Personal Conviction  
waiver for all vaccines



**Compliant?**

From Student Immunization Record form

**SECTION B:** List the number of students that fall into each category for each vaccine. **For each question 1-5, the sum of rows a-g must match the total enrollment reported in A1 and A2, respectively. Please report only one waiver type per student per vaccine.**<sup>4</sup>

	Kindergarten Students <sup>3</sup>	All students <sup>1</sup>
<b>1. DTaP/DTP/DT/Td</b>	4 doses required	4 doses required
1a. Meets minimum requirements		
1b. In process		
1c. Behind schedule		
1d. Health waiver		
1e. Religious waiver		
1f. Personal conviction waiver		
1g. No record		
1h. DTaP/DTP/DT/Td Total		
<b>2. Polio</b>	4 doses required	4 doses required
2a. Meets minimum requirements		
2b. In process		
2c. Behind schedule		
2d. Health waiver		
2e. Religious waiver		
2f. Personal conviction waiver		
2g. No record		
2h. Polio Total		
<b>3. Hepatitis B</b>	3 doses required	3 doses required
3a. Meets minimum requirements		
3b. In process		
3c. Behind schedule		
3d. Health waiver		
3e. Religious waiver		
3f. Personal conviction waiver		
3g. No record		
3h. Hepatitis B Total		

2 doses of DTaP  
 2 doses of Hep B  
 2 doses of Polio  
 1 doses of MMR  
 1 doses of Varicella

Religious waiver for  
 MMR  
 Personal Conviction  
 waiver for all vaccines

<b>4. MMR</b>	2 doses required	2 doses required
4a. Meets minimum requirements		
4b. In process		
4c. Behind schedule		
4d. Health waiver		
4e. Religious waiver		
4f. Personal conviction waiver		
4g. No record		
4h. MMR Total		
<b>5. Varicella</b>	2 doses required	2 doses required
5a. Meets minimum requirements		
5b. In process		
5c. Behind schedule		
5d. Health waiver		
5e. Religious waiver		
5f. Personal conviction waiver		
5g. History of Varicella disease		
5h. No record		
5i. Varicella Total		

2 doses of DTaP  
 2 doses of Hep B  
 2 doses of Polio  
 1 doses of MMR  
 1 doses of Varicella

Religious waiver for  
 MMR  
 Personal Conviction  
 waiver for all  
 vaccines



**SECTION C:** List the number of students that fall into each category. Students may fall into more than one category (for example, having a medical waiver for MMR and a personal conviction waiver for DTaP).

	Kindergarten Students	All Students <sup>1</sup>
7. At least one <b>health</b> waiver:		
8. At least one <b>religious</b> waiver:		
9. At least one <b>personal conviction</b> waiver:		
10. Students who have received no immunizations and have a waiver for all vaccines		

**SECTION D:** List the number of students that fall into each category. Definitions of each category 12-16 are found on the next page. Students may fall into more than one category.

	Kindergarten Students	All students <sup>1</sup>
11. Students meeting all minimum requirements: <sup>4</sup>		
12. Students who are in process: <sup>2</sup>		
13. Students who are behind schedule: <sup>2</sup>		
14. Students with no record: <sup>2</sup>		
15. Students with any waiver: <sup>3</sup>		

1. Including 3K or early childhood, 4K, and 5K through grade 5.

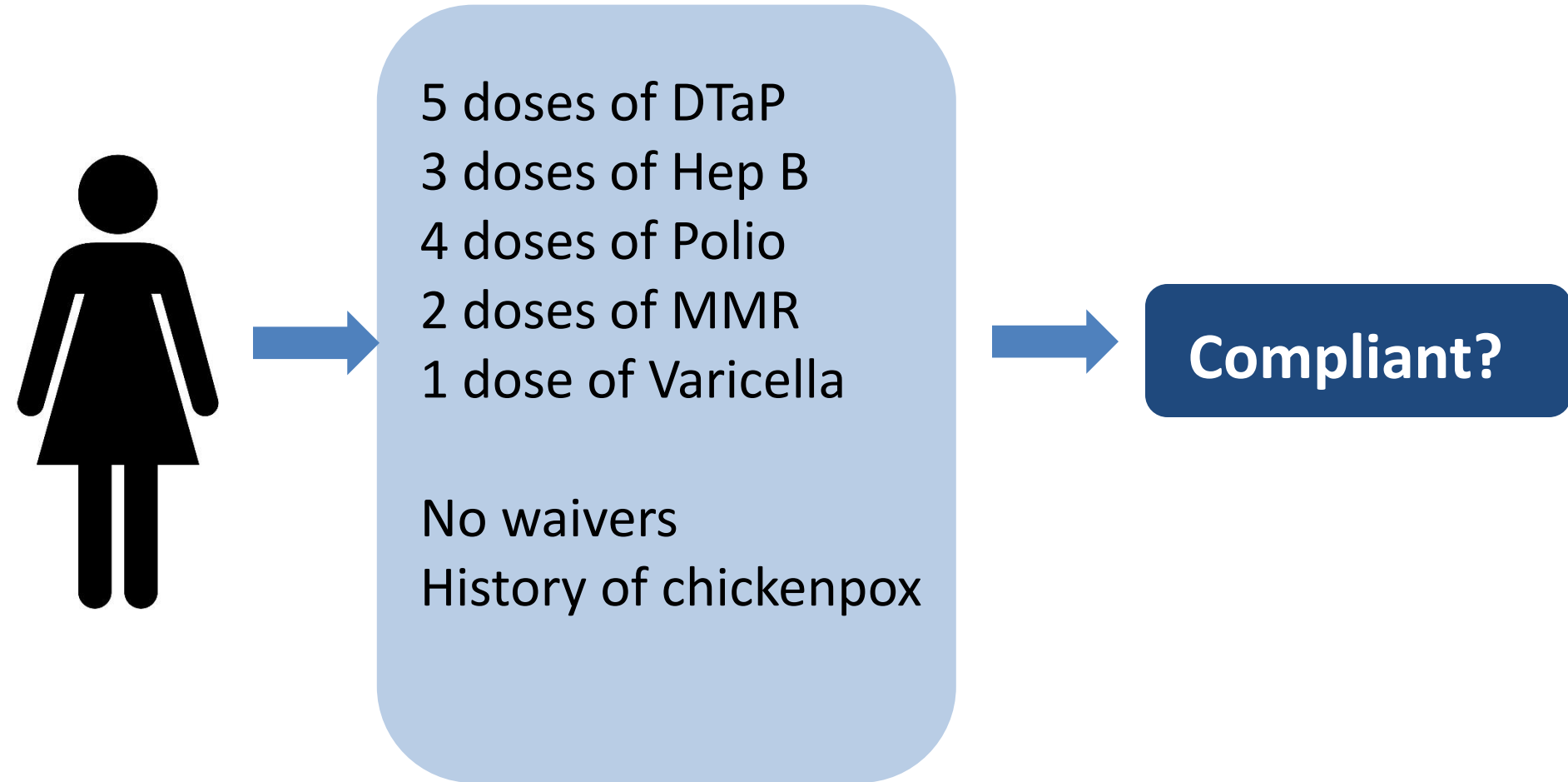
2. For at least one vaccine

3. Refers to the number of **students** with any waiver (health, religious, or personal conviction), not the number of waivers. Therefore, students with more than one waiver should be counted **once**.

4. If a student has a history of varicella, they should be counted in the meets minimum requirements category in Section D.

Students with a waiver should only be reported one time in Section D of the School Immunization Assessment

# History of Chickenpox Examples



From Student Immunization Record form

# History of Chickenpox Example

Step 2 IMMUNIZATION HISTORY

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, 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
<b>DTaP/DTP/DT/Td</b> (Diphtheria, Tetanus, Pertussis)	03/05/2018	05/07/2018	07/09/2018	07/11/2019	02/11/2023
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
<b>Polio</b>	03/05/2018	05/07/2018	07/09/2018	02/11/2023	
<b>Hepatitis B</b>	01/05/2018	03/05/2018	07/09/2018		
<b>MMR</b> (Measles, Mumps, Rubella)	04/19/2019	08/12/2023			
<b>Varicella</b> (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>	04/10/2019				
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input checked="" type="checkbox"/> YES 2020 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)			

# History of Chickenpox Example

5. Varicella	2 doses required	2 doses required
5a. Meets minimum requirements		
5b. In process		
5c. Behind schedule		
5d. Health waiver		
5e. Religious waiver		
5f. Personal conviction waiver		
5g. History of Varicella disease		
5h. No record		
5i. Varicella Total		

# History of Chickenpox Example

Step 2

## IMMUNIZATION HISTORY

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, 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
<b>DTaP/DTP/DT/Td</b> (Diphtheria, Tetanus, Pertussis)	03/05/2018	05/07/2018	07/09/2018	07/11/2019	02/11/2023
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
<b>Polio</b>	03/05/2018	05/07/2018	07/09/2018	02/11/2023	
<b>Hepatitis B</b>	01/05/2018	03/05/2018	07/09/2018		
<b>MMR</b> (Measles, Mumps, Rubella)	04/19/2019	08/12/2023			
<b>Varicella</b> (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>	04/10/2019	08/12/2023			
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input checked="" type="checkbox"/> YES 2020 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)		



# History of Chickenpox Example

5. Varicella	2 doses required	2 doses required
5a. Meets minimum requirements		
5b. In process		
5c. Behind schedule		
5d. Health waiver		
5e. Religious waiver		
5f. Personal conviction waiver		
5g. History of Varicella disease		
5h. No record		
5i. Varicella Total		

# History of Chickenpox Example

**SECTION C:** List the number of students that fall into each category. Students may fall into more than one category (for example, having a medical waiver for MMR and a personal conviction waiver for DTaP).

	Kindergarten Students	All Students <sup>1</sup>
7. At least one <b>health</b> waiver:		
8. At least one <b>religious</b> waiver:		
9. At least one <b>personal conviction</b> waiver:		
10. Students who have received no immunizations and have a waiver for all vaccines		

**SECTION D:** List the number of students that fall into each category. Definitions of each category 12-16 are found on the next page. Students may fall into more than one category.

	Kindergarten Students	All students <sup>1</sup>
11. Students meeting all minimum requirements: <sup>4</sup>		
12. Students who are in process: <sup>2</sup>		
13. Students who are behind schedule: <sup>2</sup>		
14. Students with no record: <sup>2</sup>		
15. Students with any waiver: <sup>3</sup>		

1. Including 3K or early childhood, 4K, and 5K through grade 5.

2. For at least one vaccine

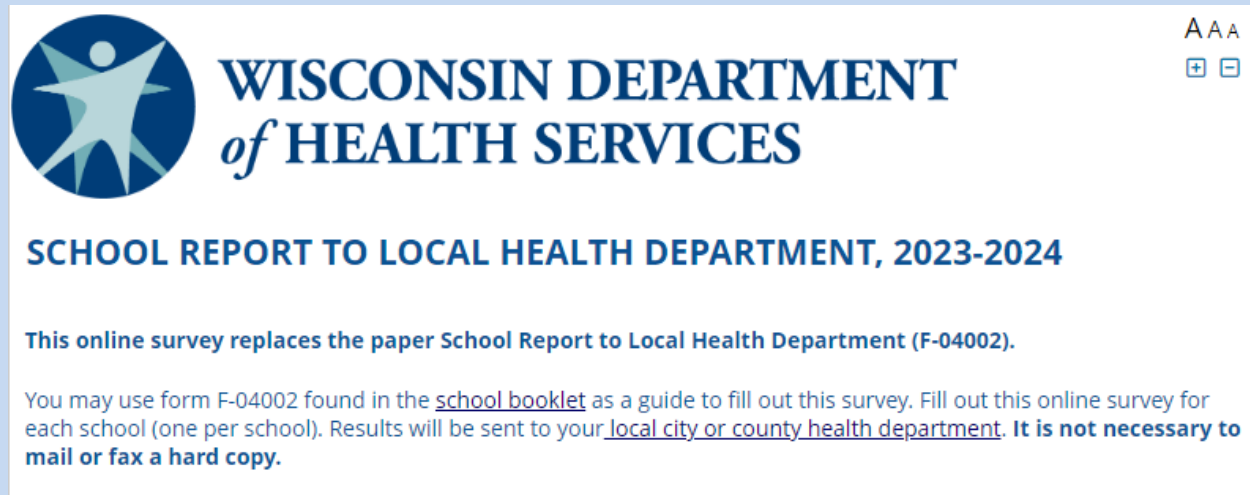
3. Refers to the number of **students** with any waiver (health, religious, or personal conviction), not the number of waivers. Therefore, students with more than one waiver should be counted **once**.

4. If a student has a history of varicella, they should be counted in the meets minimum requirements category in Section D.

# Online REDCap Survey: What's Changed?

Link to REDCap survey:

<https://redcap.wisconsin.gov/surveys/?s=DXK47T9EM8RYCRWH>



The screenshot shows the header of the survey page. On the left is the Wisconsin Department of Health Services logo, which features a stylized human figure with arms raised inside a circle. To the right of the logo is the text "WISCONSIN DEPARTMENT of HEALTH SERVICES" in a serif font. In the top right corner, there are three small icons: "AAA" for font size, a plus sign in a square, and a minus sign in a square. Below the header, the title "SCHOOL REPORT TO LOCAL HEALTH DEPARTMENT, 2023-2024" is displayed in a bold, sans-serif font. Underneath the title, a paragraph states: "This online survey replaces the paper School Report to Local Health Department (F-04002)." A second paragraph follows: "You may use form F-04002 found in the [school booklet](#) as a guide to fill out this survey. Fill out this online survey for each school (one per school). Results will be sent to your [local city or county health department](#). **It is not necessary to mail or fax a hard copy.**"



# Materials on DHS Website



WISCONSIN DEPARTMENT  
of HEALTH SERVICES

[A Toggle Larger Font](#) | [Toggle High Contrast](#) | [A-Z Index](#) | [Careers](#)

I'm looking for...



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[Home](#) > [Prevention & Healthy Living](#) > [Immunization](#) > Immunization Requirements

## Materials for schools +

## Forms, reports, and letters +

## Results from the past school year -

- [Summary of School Immunization Rates, P-01894](#) (PDF)
- [Wisconsin Student Immunization Law Compliance Results, P-02204A](#) (PDF)
- Interactive map: [Wisconsin School Immunization Rates](#)<sup>PDF</sup>, showing the following data:
  - [Public School District Immunization Rates, Wisconsin P-01892A](#) (PDF)
  - [School Immunization Rates, Wisconsin P-01892](#) (PDF)
- [Public School District Compliance with Wisconsin Student Immunization Law P-02388A](#) (PDF)
- [Private School Compliance with Wisconsin Student Immunization Law P-02388](#) (PDF)

## Educational materials for parents +

## Other resources +

[Background](#) [Instructions](#) [Compliance](#) [Action](#) [Example](#) [Report](#) [Results](#)

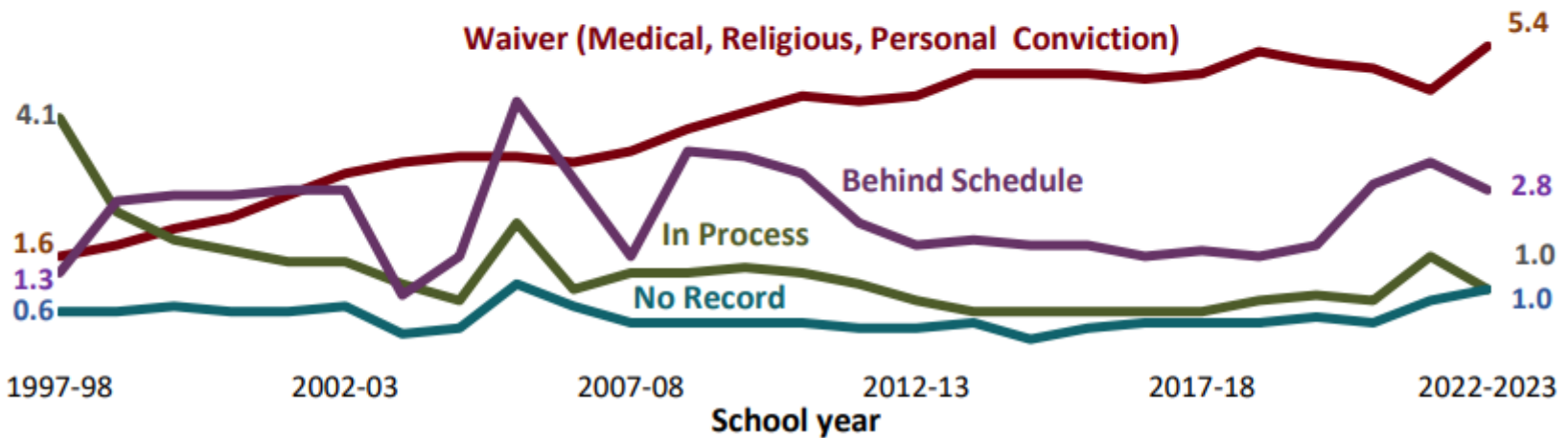
# Submission of School Report to LHD

- How many schools submitted the School Report to the Local Health Department?
  - **2022–2023:** 2,629 schools reported information on 888,884 students
  - **2021–2022:** In total, 2,606 schools reported information on 890,055 students

# Compliance Category Rates, 2013-2023

School year	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Percent of students who met minimum immunization requirements	92.3%	92.5%	92.4%	92.5%	92.3%	91.9%	91.7%	91.9%	88.7%	89.9%

Percentage of Wisconsin Students in each Immunization Category\* by School Year



\*Not including met minimum immunization requirements



# Summary

- Materials for schools are online only. No booklet will be mailed to your school.
- Aggregated student data will be submitted online. You do not need to send a paper copy to the local health department.
- Contact your student information system vendor if you have questions about using their immunization reports.
- School nurses are the key (in partnership with public health) to protecting students from vaccine preventable diseases.

# DHS/CESA School Nursing Grant Update:

- Expanded School Health Funding Allowable Expenses
  - CESA always the first POC
- Statewide Telenursing Project

Contact Stephanie: [stephanie.poling@dhs.wisconsin.gov](mailto:stephanie.poling@dhs.wisconsin.gov)

# Contacts

## **Local Health Departments**

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

## **Department of Public Instruction**

Louise Wilson MS BSN RN NCSN

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608-266-8857

## **State of Wisconsin Immunization**

### **Program/Department of Health Services**

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608-266-9316

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608-267-7293

## **Wisconsin Immunization Registry (WIR)**

### **Help Desk**

608-266-9691

[dhswirhelp@wi.gov](mailto:dhswirhelp@wi.gov)



**Questions?**