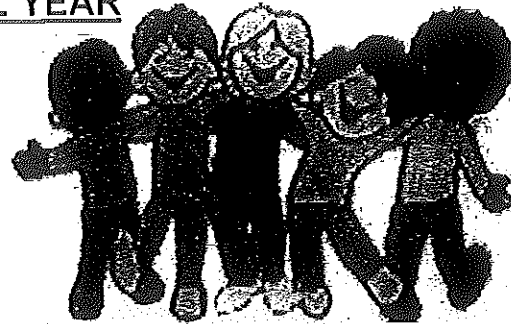


ATTENTION PARENTS OF ALL STUDENTS ENTERING 6<sup>TH</sup> GRADE  
IN THE 2016 – 2017 SCHOOL YEAR



## Fact Sheet for Parents

### Tdap Requirements for Middle and High School Students

The Wisconsin Student Immunization law requires that all students entering the 6<sup>th</sup> 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 6<sup>th</sup> grade does not need any more doses. If a child received a dose of Td vaccine within 5 years of entering 6<sup>th</sup> 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

**11. When does this vaccine need to be completed?**

**HAVE YOUR CHILD IMMUNIZED AND RETURN THE COMPLETED STUDENT IMMUNIZATION RECORD (YELLOW) TO BAY LANE MIDDLE SCHOOL ON "FORMS AND FEE" DAY. IF YOUR CHILD RECEIVES THE Tdap IMMUNIZATION BEFORE THE END OF THE 2015 – 2016 SCHOOL YEAR, PLEASE TURN THE DATE INTO THE HEALTH OFFICE IMMEDIATELY. IF YOU HAVE TURNED THE Tdap DATE INTO THE HEALTH OFFICE, PLEASE DISREGARD THIS NOTICE.**

**STUDENT IMMUNIZATION LAW  
 AGE/GRADE REQUIREMENTS  
 2014 SCHOOL YEAR AND BEYOND**

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT <sup>2</sup>	3 Polio	3 Hep B	1 MMR <sup>5</sup>	1 Var <sup>6</sup>	
Grades K through 5	4 DTP/DTaP/DT/Td <sup>1,2</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>	
Grades 6 through 12	4 DTP/DTaP/DT/Td <sup>2</sup>	1 Tdap <sup>3</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> dose) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for all students Pre K through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
5. 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 1<sup>st</sup> birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

# TDAP IMMUNIZATION REQUIREMENT FOR ALL STUDENTS ENTERING 6<sup>TH</sup> GRADE IN SEPTEMBER 2016 - 2017 SCHOOL YEAR

DEPARTMENT OF HEALTH SERVICES  
Division of Public Health  
F-04020L (Rev. 07/2015)

STATE OF WISCONSIN  
252.04 and 120.12 (16) Wis. Stats.

## 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 be waived only 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 reason only. If you have questions on 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 (Mo/Day/Yr)	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 Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
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 Vaccine is required only if your child has not had chickenpox disease. See below:						
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)						

Step 3	<b>REQUIREMENTS</b> Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.
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Step 4	<p><b>COMPLIANCE DATA</b> <b>STUDENT MEETS ALL REQUIREMENTS</b> Sign at Step 5 and return this form to school. _____ Or _____</p> <p><b>STUDENT DOES NOT MEET ALL REQUIREMENTS</b> 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.</p> <p><input type="checkbox"/> Although my child has NOT received ALL 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.</p> <p><b>NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.</b></p> <p><b>WAIVERS</b> (List in Step 2 above, the date(s) of any immunizations your child has already received)</p> <p><input type="checkbox"/> For health reasons this student should not receive the following immunizations _____</p> <p>_____ Date Signed</p> <p><input type="checkbox"/> For religious reasons this student should not be immunized.</p> <p><input type="checkbox"/> For personal conviction reasons this student should not be immunized.</p> <p>LIST VACCINE(S) WAIVED _____</p> <p><b>SIGNATURE</b></p>
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Step 5	<p>This form is complete and accurate to the best of my knowledge. Check one: ( I do <input type="checkbox"/> I do not <input type="checkbox"/> ) 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.</p> <p>_____ Date Signed</p> <p>SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student</p>
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