

## Immunization Record and Recommendations

Please read the following information carefully and fill out every field. If you have any questions, please call 715/232-1314.

Name: \_\_\_\_\_

Student ID # \_\_\_\_\_ DOB: \_\_\_\_\_

Check here if you are a "distance learner", for exemption. (You do not need to complete this form).

The University of Wisconsin-Stout Student Health Services is a participant in the Wisconsin Immunization Registry (WIR). WIR is a secured, confidential, computerized data base accessible to immunization providers within Wisconsin and parents and legal guardians. You can log onto the registry at <http://dhfsWIR.org> to check for immunization information.

**Completion of the following four fields is required for data entry into the Wisconsin Immunization Registry.**

1. Mother's Maiden Name: \_\_\_\_\_

2. Race:  African Am  Asian  Caucasian  Native Am/Alaskan Native  Pacific Islander  Other

3. Ethnicity:  Hispanic  Non-Hispanic

4. Insurance Coverage for Vaccines:  Unknown  Insured, vaccines covered  Insured, vaccines not covered  No Health Insurance  
 Badger Care  Medical Assistance  Native Am/Alaskan Native

A. **M.M.R (Measles, Mumps, Rubella)** (Two doses required.)  Check here if you were born before January 1, 1957, for age exemption.

1. Dose 1 given at age 12-15 months or later ..... #1 \_\_\_/\_\_\_/\_\_\_  
m d y

2. Dose 2 given at age 4-6 years or later, and at least one month after first dose ..... #2 \_\_\_/\_\_\_/\_\_\_  
m d y

B. **Tetanus-Diphtheria** (Primary series with DTaP or DTP and booster with Td in the last ten years meets requirement.)

1. Primary series of four doses with DTaP or DTP:

#1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_  
m d y m d y m d y m d y

2. Tetanus-Diphtheria (Td) booster within the last ten years ..... \_\_\_/\_\_\_/\_\_\_  
m d y

OR may have had Tdap at 5 year interval from the last Td Tdap \_\_\_/\_\_\_/\_\_\_  
m d y

C. **Polio** (Primary series in childhood meets requirement; three primary series schedules are acceptable.)

1. OPV alone (oral Sabin three doses):..... #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_  
m d y m d y m d y

2. IPV/OPV sequential: ..... IPV #1 \_\_\_/\_\_\_/\_\_\_ IPV #2 \_\_\_/\_\_\_/\_\_\_ OPV #3 \_\_\_/\_\_\_/\_\_\_ OPV #4 \_\_\_/\_\_\_/\_\_\_  
m d y m d y m d y m d y

2. IPV alone (injected Salk four doses): ..... IPV #1 \_\_\_/\_\_\_/\_\_\_ IPV #2 \_\_\_/\_\_\_/\_\_\_ OPV #3 \_\_\_/\_\_\_/\_\_\_ OPV #4 \_\_\_/\_\_\_/\_\_\_  
m d y m d y m d y m d y

D. **Varicella** (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized at the age of 13 or older meets the requirement.)

1. History of Disease Yes \_\_\_\_\_ No \_\_\_\_\_

2. Varicella antibody \_\_\_/\_\_\_/\_\_\_ Reactive \_\_\_\_\_ Non-reactive \_\_\_\_\_  
m d y

3. Immunization

a. Dose #1 ..... #1 \_\_\_/\_\_\_/\_\_\_  
m d y

b. Dose #2, given at least one month after first dose, ..... #2 \_\_\_/\_\_\_/\_\_\_  
if age 13 years or older m d y

E. **Hepatitis B** (Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive Hepatitis B surface antibody meets the requirement.)

1. Immunization (Hepatitis B)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_  
m d y m d y m d y

2. Immunization (Combined Hepatitis A and B Vaccine)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_  
m d y m d y m d y

3. Hepatitis B surface antibody Date \_\_\_/\_\_\_/\_\_\_ Result: Reactive \_\_\_\_\_ Non-reactive \_\_\_\_\_  
m d y

