

## Mandatory Immunizations for Children Attending Schools –W.S. 21-4-309

“(a) These regulations shall apply to all pupils attending, full or part time, any public or private school or child caring facility.

(b) No School Administrator or Child Caring Facility Administrator shall retain any pupil thirty (30) days after entry without official written documented proof of immunization according to the schedule published by the State Health Officer except when there are exemptions as noted in these regulations. Pupils who are exempt from immunizations shall remain in school during an appeal process unless there is a vaccine-preventable disease outbreak as defined by Section 5(c) of this Chapter.”

### Wyoming Immunization Requirements

<b>DT/DTaP</b>	Five (5) valid doses are required of diphtheria/tetanus/pertussis-containing vaccines. If a fourth (4th) dose of DTaP vaccine was administered on or after a child's fourth (4th) birthday, and at least six (6) months has passed since the third (3rd) dose, a fifth (5th) dose is not required.
<b>Tdap</b>	7 <sup>th</sup> to 12 <sup>th</sup> Grade students: One booster dose is required of diphtheria/tetanus/pertussis containing vaccine
<b>Polio</b>	Three (3) or four (4) valid doses are required of inactivated poliovirus vaccine (IPV). Children who receive three (3) doses of IPV before the fourth (4th) birthday should receive a fourth (4th) dose before or at school entry. The fourth (4th) dose is not needed if the third (3rd) dose is given on or after the fourth (4th) birthday. If all four (4) doses are given after six (6) weeks of age and are all separated by at least four (4) weeks, a fifth (5th) dose is not needed, even if the fourth (4th) dose was administered before four (4) years of age.
<b>MMR</b>	Two (2) valid doses are required of measles/mumps/rubella (MMR) vaccine. The 1 <sup>st</sup> dose must have been on or after their 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose at least one month after the first dose
<b>Hepatitis B</b>	Three (3) valid doses are required of hepatitis B vaccine.
<b>Varicella</b>	Two (2) valid doses are required of varicella (or verification of disease after 1 year of age).
<b>Valid doses</b>	Valid doses are those doses given in correct intervals as recommended by ACIP and CDC.

# STATE OF WYOMING OFFICIAL RECORD OF IMMUNIZATION

## Day Care/Pre-School/Head Start/Public and Private Schools K-12

This record is part of the child's or student's permanent record and shall transfer with that record.



### PART I—TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Child/Student \_\_\_\_\_ DOB \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

### PART II—TO BE COMPLETED BY PHYSICIAN OR HEALTH AUTHORITY

#### VACCINE

#### MONTH/DAY/YEAR EACH DOSE WAS GIVEN

	1	2	3	4	5	6
DTaP, DT <small>(Circle appropriate vaccine type)</small>	// // / DTaP, DT	// // / DTaP, DT	// // / DTaP, DT	// // / DTaP, DT	// // / DTaP, DT	// // / DTaP, DT
HIB <small>(Circle appropriate brand)</small>	// // / PedvaxHIB*, ActHIB*	// // / PedvaxHIB*, ActHIB*	// // / PedvaxHIB*, ActHIB*	// // / PedvaxHIB*, ActHIB*	// // / PedvaxHIB*, ActHIB*	// // / PedvaxHIB*, ActHIB*
Hepatitis A	// // /	// // /	// // /	// // /	// // /	// // /
Hepatitis B	// // /	// // /	// // /	// // /	// // /	// // /
Human Papillomavirus (HPV) <small>(Circle appropriate brand)</small>	// // / Gardasil*, Cervarix*	// // / Gardasil*, Cervarix*	// // / Gardasil*, Cervarix*	// // /	// // /	// // /
Influenza (Flu) <small>(Circle appropriate vaccine type)</small>	// // / IV, LAIV, QIV, QLAIV	// // / IV, LAIV, QIV, QLAIV	// // / IV, LAIV, QIV, QLAIV	// // / IV, LAIV, QIV, QLAIV	// // / IV, LAIV, QIV, QLAIV	// // / IV, LAIV, QIV, QLAIV
Meningococcal <small>(Circle appropriate brand)</small>	// // / Menactra*, Menveo*	// // / Menactra*, Menveo*	// // /	// // /	// // /	// // /
MMR	// // /	// // /	// // /	// // /	// // /	// // /
MMRV	// // /	// // /	// // /	// // /	// // /	// // /
Pneumococcal	// // /	// // /	// // /	// // /	// // /	// // /
Polio (IPV)	// // /	// // /	// // /	// // /	// // /	// // /
Rotavirus <small>(Circle appropriate brand)</small>	// // / RotaTeq*, Rotarix*	// // / RotaTeq*, Rotarix*	// // / RotaTeq*, Rotarix*	// // /	// // /	// // /
Td	// // /	// // /	// // /	// // /	// // /	// // /
Tdap <small>(Circle appropriate brand)</small>	// // / Boostrix*, Adacel*	// // / Boostrix*, Adacel*	// // / Boostrix*, Adacel*	// // /	// // /	// // /
Varicella	// // /	// // /	// // /	// // /	// // /	// // /
Additional Vaccines	// // /	// // /	// // /	// // /	// // /	// // /
_____	// // /	// // /	// // /	// // /	// // /	// // /
_____	// // /	// // /	// // /	// // /	// // /	// // /

Signature of Licensed Physician/Designee or Public Health Authority\*

Date Issued

Street Address

Telephone Number

City

State

ZIP Code

\* Health Authority is any State, Local Health Department Qualified Health Personnel or School Nurse.