

## Immunization Requirements:

<b>Hepatitis B Vaccines (3 shots)</b> <b>OR</b> Positive Titer <b>OR</b> Decline Vaccines	WI Immunization Registry <b>OR</b> Medical Record/Lab Report <b>OR</b> Student Health Statement
<b>Influenza Vaccine</b>	WI Immunization Registry <b>OR</b> Vaccine Administration Record <b>OR</b> MPTC Influenza Vaccination Form <b>OR</b> Medical Record <i>(Receipts are not acceptable)</i>
<b>MMR Vaccines (2 shots)</b> <b>OR</b> Positive Titers for Measles, Mumps & Rubella	WI Immunization Registry <b>OR</b> Medical Record <b>OR</b> Lab Report
<b>Varicella Vaccines (2 shots)</b> <b>OR</b> Positive Titer for Varicella (Chicken Pox)	WI Immunization Registry <b>OR</b> Medical Record <b>OR</b> Lab Report
<b>COVID-19 Vaccine</b>	WI Immunization Registry
<b>COVID-19 Booster (when eligible)</b>	WI Immunization Registry
<b>Tetanus/Diphtheria/Pertussis (Tdap)-</b> every 10 years	WI Immunization Registry <b>OR</b> Medical Record