CONDITIONAL ENROLLMENT FORM
For children attending Wyoming schools and child caring facilities

To be eligible for conditional enrollment, a child must have received at least one (1) dose of each required vaccine but has not completed all the required immunizations or has an appointment scheduled to undergo serologic testing.

SECTION 1: To be completed by the school or child caring facility administrator or their representative.

Name of School: _____

Child's Name: _____ **Date of Birth:** _____

Vaccines Missing or Invalid *(check all that apply)***:**

Vaccine(s)	Dose(s)			
Diptheria, Tetanus & Acellular Pertussis (DTaP)	☐ Dose 2	☐ Dose 3	☐ Dose 4	☐ Dose 5
Haemophilus influenzae type b (Hib)	☐ Dose 2	☐ Dose 3	☐ Dose 4	
Hepatitis B (HepB)	☐ Dose 2	☐ Dose 3		
Measles, Mumps, Rubella (MMR)	☐ Dose 2			
Pneumococcal (PCV-13)	☐ Dose 2	☐ Dose 3	☐ Dose 4	
Poliovirus (IPV)	☐ Dose 2	☐ Dose 3	☐ Dose 4	
Rotavirus	☐ Dose 2	☐ Dose 3		
Varicella (VAR)	☐ Dose 2			
Tetanus, Diptheria & Acellular Pertussis (Tdap)	☐ Dose 2			

SECTION 2: To be completed by a physician or his representative.

Disease for Which Vaccination or Serologic Testing is Scheduled	Vaccination Due On *(if applicable)*	Appointment Date For Vaccination or Testing

By signing below, I certify that this child is in the process of receiving the immunizations indicated in Section 1 in accordance with the Wyoming Immunization Program Administrative Rules and that this child has age-appropriate appointments scheduled to complete the immunization series or has an appointment to obtain serologic tests.

_____ _____

Signature of Physician or Designee **Date**

SECTION 3: To be completed by the child's parent or guardian.

I understand that my child is being permitted to attend a Wyoming school or child caring facility on a conditional basis and if my child does NOT receive the required immunization(s) or serologic test (s) by the date(s) specified in Section 2, that my child will be unable to continue attending. In addition, I understand that it is my responsibility to provide proof of immunization or immunity to the school or child caring facility by the date(s) specified.

_____

Printed Name of Parent or Guardian

_____ _____

Signature of of Parent or Guardian **Date**