

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). For more information about USIIS, please visit the USIIS website at www.usiis.org or see the Family Educational Rights and Privacy Act (FERPA) directory.

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs (i.e. a nursery or preschool, licensed day care center, child care facility, family home care, or Head Start Program.) See reverse side for instructions on claiming exemptions for medical, religious, or personal reasons.

Student Name _____ **Gender** Male Female **Date of Birth** _____

Name of Parent/Guardian _____ **Signature of Parent/Guardian** _____

Mailing Address _____ **City** _____ **Zip Code** _____ **Telephone** _____

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Haemophilus Influenzae b (Hib)					
Polio (IPV or OPV)					
Measles, Mumps, and Rubella (MMR)^P <small>1st dose must be received on or after the 1st birthday</small>			<p>^P If vaccine is given in the completed form (MMR), enter the complete date in the appropriate MMR box.</p> <p>^{PP} If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.</p>		
Measles (Rubeola, 10 day, red measles) ^{P P}					
Mumps^{PP}					
Rubella (German measles, 3 day measles) ^{PP}					
Hepatitis B (HBV)					
Varicella (Chickenpox)			If a student has had the chickenpox disease, parent must sign to the right.		
Hepatitis A <small>1st dose must be received on or after the 2nd birthday.</small>					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

- Date of Unconditional Admission: _____
ALL REQUIREMENTS MET
- Date of Conditional Admission: _____
- Exemption was granted for:
 - Medical Reason
 - Religious Reason
 - Personal Reason
- Date Immunizations verified by: _____
 - Physician Record
 - Parent Record

My student has had the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian: _____

Date _____

I have reviewed the records available, and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature _____ **Date** _____

Physician School or Early Childhood Program Official Health Authority

INSTRUCTIONS

1. **The minimum required immunizations for school or early childhood program entry include:**
 - **5 doses of DTaP/DTP/DT** – 4 doses are acceptable if the 4th dose was given after the 4th birthday; 3 Td required if started after age 7.
 - **4 doses of Polio** – 3 doses are acceptable if the 3rd dose was given after the 4th birthday;
 - **2 doses of Measles** – required for all students kindergarten through grade 12. Two doses of Measles, Mumps, and Rubella (MMR) vaccine are acceptable. The first dose of measles containing vaccine must be given on or after the 1st birthday.
 - **1 dose of Mumps** – must be given on or after the 1st birthday.
 - **1 dose of Rubella** – must be given on or after the 1st birthday.
 - **4 doses of Haemophilus Influenzae type b (Hib)** – dosing schedule is based upon student's current age and number of previous doses received.
Hib is not required for kindergarten entry.
 - **3 doses of Hepatitis B** – required for students born after July 1, 1993 prior to entering kindergarten. *It is not required to attend an early childhood program.*
 - **1 dose of Varicella (chickenpox)** – EFFECTIVE JULY 1, 2002 – required for students born after July 1, 1996 prior to entering kindergarten. It must be given on or after the 1st birthday. Parental history of the disease is acceptable. Parent/Guardian must sign verifying history of disease.
 - **2 doses of Hepatitis A** – EFFECTIVE JULY 1, 2002 – required for students born after July 1, 1996 prior to entering kindergarten. The first dose of Hepatitis A must be given on or after the 2nd birthday.
2. **Fill in (print or type) student's name, gender, and date of birth.**
3. **Fill in (print or type) name of parent/guardian, mailing address, city, zip code, and telephone number. Parent/Guardian must sign.**
4. **Written proof is required to verify the student's immunizations.** Proof may be obtained from physician records, health department records, or parent/guardian records. Parent/guardian records may be accepted if they indicate the student's name, date of birth, type of vaccine administered, specific dates of immunization, and the name of physician or health care facility administering the vaccine.
5. **Transcribe the month, day, and year of each immunization received by the student in the appropriate box.**
6. **Complete the "SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY" box.**
 - a. Determine if admission requirements for all required immunizations have been met. If all requirements have been met, enter "Date of Unconditional Admission – ALL REQUIREMENTS MET". If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Date of Conditional Admission" and explain the process of completing required immunizations to parent/guardian.
 - b. If a student is exempted for medical reasons and the duration of the medical condition is temporary, enter "Date of Conditional Admission". Upon expiration of temporary status, immunizations shall be required. If the medical exemption is permanent, the student shall be considered as having met all requirements. Complete date for ALL REQUIREMENTS MET and check the box marked medical exemption granted.
 - c. If a student is exempted for religious or personal beliefs, the student shall be considered as having met all requirements. Complete date for ALL REQUIREMENTS MET and check the box marked religious or personal exemption granted.
 - d. Fill in date(s) immunization records were verified.
7. **Complete authorized signature and date.**
8. **Exemption Procedures:**
 - a. **MEDICAL EXEMPTION:** If a medical exemption is claimed, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is to one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.
 - b. **RELIGIOUS EXEMPTION:** If a religious exemption is claimed, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.
 - c. **PERSONAL EXEMPTION:** If a personal exemption is claimed, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.