



Understanding the Utah Immunization Rule for Students

Module II

Utah School Immunization Record

Utah School Immunization Record

About This Module

Purpose: To provide information to school personnel regarding requirements pertaining to the Utah School Immunization Record (USIR).

Goal: To improve understanding and usage of the Utah School Immunization Record in Utah schools.

Objectives:

- Define “official certificate of immunization.”
- Define “appropriate immunization documentation.”
- Describe the vaccines and number of vaccine doses currently required for school entry and 7th grade entry.
- Describe the conditions under which a student qualifies for “all requirements met.”
- Describe appropriate documentation of medical, religious and personal exemptions.
- Define appropriate documentation of Chickenpox disease.
- Define appropriate immunization documentation for transfer students and students in military families.
- Describe who is responsible for verifying the USIR.

Official Use of the Utah School Immunization Record – Part I

- Each school must maintain *hard copies* of official certificates of immunization for every enrolled student to verify each student's immunization status.
- The Utah School Immunization Record (USIR) is the official certificate of immunization for students in any Utah public, private, charter or parochial school.
- The USIR is commonly referred to as the "Pink Card" and is part of the student's permanent school record (cumulative folder) as defined in Section [53A-11-304](#) of the Utah Statutory Code.

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).

Student Information

Student Name _____ Gender Male Female Date of Birth _____
 Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, 6 year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Perussis, aPaacellular Pertussis)</small>					
Tdap or Td Booster					
Polio					
Haemophilus Influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* <small>1st dose must be received on or after the 1st birthday</small>					
Measles (Rubeola, 10 day, red measles)**					
Mumps**					
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday.</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					

* if vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.
 ** if vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.

If a student has history of the chickenpox disease, parent must sign to the right.

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
 Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal

2. Conditional Admission date: _____
 3. Not-in-Compliance date: _____
*If exemption is temporary, student is conditionally admitted, enter date in (2) and leave (1) blank.

Disease Verification:
 My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian _____
 Age of child at time of disease: _____

Utah Department of Health
 Division of Community and Family Health Services
 Immunization Program 04/09
www.immunize.utah.gov
 (801) 638-9450

Record Source: Physician Registered Nurse Health Dept.
 I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations

Authorized Signature: _____ Date: _____ Title: _____

Official Use of the Utah School Immunization Record – Part II

- The USIR shall transfer with the student's school record to any new school.
- The USIR may be printed from the Utah Statewide Immunization Information System (USIIS).
- Records printed from USIIS are acceptable as the official immunization record and are considered equivalent to the USIR.
- Schools districts *may not use templates of the USIR* for maintaining and reporting official immunization documentation.



Vaccine Requirements

- The USIR shall document all the vaccines a student has received, including the month, date and year each vaccine was received.
- The vaccine requirements for Utah students are as follows:
 - **5 doses of DTaP/DTP/DT/Tdap** – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after 7 years of age.
 - **1 booster dose of Tdap or Td** – required for students prior to 7th grade entry.
 - **4 doses of Polio** – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.



Vaccine Requirements

- **2 doses of Measles** – required for all students Kindergarten through grade 12. The first dose of a measles-containing vaccine must be given on or after the first birthday.
- **2 doses of Mumps** – required for all students Kindergarten through grade 12. The first dose of a mumps-containing vaccine must be given on or after the first birthday.
- **2 doses of Rubella** – required for all students Kindergarten through grade 12. The first dose of a rubella-containing vaccine must be given on or after the first birthday.



Vaccine Requirements

- **3 doses of Hepatitis B** – required for students prior to entering Kindergarten.
- **1 dose of Varicella (Chickenpox)** – required for students prior to entering Kindergarten. The first dose must be given on or after the first birthday. Parental history of the disease is acceptable. Parent/guardian must sign the USIR verifying history of Chickenpox disease.
- **2 doses of Hepatitis A** – required for students prior to entering Kindergarten. The first dose of Hepatitis A must be given on or after the first birthday.

All Requirements Met

- A student who has received all the required vaccines (*up-to-date*) at the appropriate intervals for all immunizations or claimed an exemption qualifies for *All Requirements Met*.
- Enter the date for All Requirements Met where indicated.
- If a student has an exemption that *does not expire*, enter the date the exemption form was signed under *All Requirements Met* and check the box for the applicable exemption.
- If the student has a temporary medical exemption, check the appropriate box and enter the date the exemption expires where indicated.

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Student Information

Student Name _____ Gender Male Female Date of Birth _____
 Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTap, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, a-Paenikular Pertussis)					
Tdap or Td Booster					Tdap is preferred for the 7 th grade requirement, but Td is acceptable.
Polio					
Haemophilus influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* *1 st dose must be received on or after the 1 st birthday					
Measles (Rubella, 10 day, red measles)**					* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box. ** If vaccine is given as a single antigen, enter the dates in the appropriate boxes.
Mumps**					
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) *1 st dose must be received on or after the 1 st birthday.					If a student has history of the chickenpox disease, parent must sign to the right.
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
 Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal

2. Conditional Admission date: _____
 3. Not-in-Compliance date: _____
*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:
 My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.
 Signature of Parent/Guardian _____
 Age of child at time of disease: _____

Utah Department of Health
 Division of Community and Family Health Services
 Immunization Program 04/09
www.immunize-utah.org
 (801) 538-9450

Record Source: Physician Registered Nurse Health Dept.
 I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations

Authorized Signature: _____ Date: _____ Title: _____

Disease Verification

- If a student had the Chickenpox disease, the student does not need the Chickenpox vaccine.
- The parent or legal guardian must sign the USIR verifying history of Chickenpox disease.

Disease Verification

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian

Age of child at time of disease:

Appropriate Immunization Documentation - Vaccines

- No student shall enter a Utah school without an official certificate of immunization/USIR or an official Medical, Religious or Personal Exemption form, if applicable.
- Any immunization record provided by a licensed physician, registered nurse, or public health official may be accepted by a school official as a certificate of immunization *provided the following conditions are met:*
 - The types of vaccines and dates given, including the month, date and year are specified,
 - The information must be transferred to the USIR,
 - The USIR must be verified by a school district official in which the school is located.

UTAH SCHOOL IMMUNIZATION RECORD

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Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis, aP-cellular Pertussis)					
Tdap or Td Booster					Tdap is preferred for the 7 th grade requirement, but Td is acceptable.
Polio					
Haemophilus influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* *1 st dose must be received on or after the 1 st birthday					
Measles (Rubeola, 10 day, red measles)**					* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.
Mumps**					** If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) *1 st dose must be received on or after the 1 st birthday.					If a student has history of the chickenpox disease, parent must sign to the right.
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: _____

Adequately Immunized
Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal

2. Conditional Admission date: _____

3. Non-in-Compliance date: _____

*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian _____

Age of child at time of disease: _____

Utah Department of Health
Division of Community and Family Health Services
Immunization Program C409
www.immunize.utah.gov
(801) 539-4450

Record Source: Physician Registered Nurse Health Dept.
I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations

Authorized Signature: _____ Date: _____ Title: _____

Appropriate Immunization Documentation - Exemptions

- Students claiming a medical, religious or personal exemption must submit an official Utah exemption form to the school official. Any exemption form must be attached to the USIR.
- Religious and personal exemption forms may be obtained at any local public health department. Medical exemption forms may be obtained from a licensed health care provider.

UTAH STATE DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM

Personal Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases which are preventable by vaccination can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals have the right to make the decision, should they choose not to immunize.

As the parent/guardian of _____, I certify that I have strong personal beliefs against the practice of immunization/vaccination. I am opposed to having my child immunized against vaccine-preventable diseases.

I also understand that if an outbreak of any vaccine-preventable disease occurs, the child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

I hereby request that my child be exempted from the Utah Immunization Rule for Students (R346-100) due to my personal opposition to immunizations.

Name of Parent/Guardian (PRINT) _____ Signature of Parent/Guardian _____
 Street Address _____ City _____ County _____ Zip Code _____ Date _____

Name of Child Exempted (PRINT) _____ Date of Birth _____

Witness (Local Health Officer or Designer) Title _____ Date _____

Name of School or Early Childhood Program _____

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Record (USIR) and other records whenever a transfer occurs.

YELLOW - Parent/Guardian Utah Department of Health
 (505)241-6000

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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 (USIS).

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

Name of Parent/Guardian _____

VACCINE	Record the month, day, & year vaccine was given				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis, Polio)					
Tdap or Td Booster					Take as ordered for the 1 st grade requirement, but 7 th is mandatory.
Polio					
Haemophilus influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) * If one must be received on or after the 1 st birthday					
Measles (Mumps, 10 day, not measles)**					
Mumps**					
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) * If one must be received on or after the 1 st birthday					
Hepatitis A (HAV) Must be received on or after the 1 st birthday					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
 Or: Exemption was granted for:
 Medical (Expires on: _____)
 Religious

2. Conditional Admission date: _____
 3. Hold-in-Compliance date: _____
 *If exemption is temporary, student is conditionally admitted until date in (2) and (3) and (4) below.

Disease Verification:
 My child has history of the chickenpox disease, and therefore, does not need the Varicella VACCINE.
 Signature of Parent/Guardian: _____
 Date: _____
 Age of child at time of disease: _____

Utah Department of Health
 Division of Community and Family Health Services
 Immunization Program 5400
www.dhs.gov.utah.gov
 (801)241-6000

Record Source: Physician Registered Nurse Health Dept.
 I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations

Authorized Signature: _____ Date: _____ Title: _____

Conditionally Admitted Students

- Students with a *temporary medical exemption* are considered *Conditionally Admitted*.
- If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter Conditional Admission date.
- Enter the exemption expiration date, if applicable. Upon expiration of temporary status, immunizations will be required.
- Students have 30 days past the expiration date to either receive the necessary vaccine(s) or obtain another exemption.
- Immunization records of conditionally admitted students should be reviewed routinely to ensure compliance.

**SCHOOL AND EARLY CHILDHOOD
PROGRAM USE ONLY:**

1. ALL REQUIREMENTS MET date: _____

Adequately Immunized
Or Exemption was granted for:

Medical (Expires* on 10/30/09)

Religious

Personal

2. Conditional Admission date: 08/15/09

3. Not-in-Compliance date: _____

***If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.**

Students in Military Families

- Children legally residing in the home of an active-duty service member or whose parent or legal guardian is an active-duty service member may be *conditionally admitted* to school if they do not have their immunization records at the start of school.
- Follow the same instructions for documenting conditionally admitted students.

i **NOTE:** Active-duty means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active-duty orders pursuant to 10 U.S.C. Sections 1209 and 1211.



Transfer Students

- Students who transfer from another state or from one Utah school to another must provide appropriate immunization documentation that satisfies Utah's requirements.
- The information must be transcribed to the USIR.
- An exemption from another state is not transferrable. The student must obtain the appropriate Utah exemption form.
- Attach any exemption form to the USIR.

Transcribe
history

Immunization Record and History

DOE, JANE S. (123) 456-7890
 JOHN SMITH, M.D.
 123 OAK ST.
 ANYTOWN, CA 45678

VACCINE (Specify)	DATE GIVEN	MANUFACTURER AND LOT NUMBER	ADVERSE REACTIONS	DATE	MANUFACTURER AND LOT NUMBER	ADVERSE REACTIONS	DATE	MANUFACTURER AND LOT NUMBER	ADVERSE REACTIONS
DTP	1/1/00	ADVENTIS-PASTEUR DTP 757, 2		1/12/00	PARCEL DTP 757, 2		1/12/00	A.N.	12/26/00
Polio	1/1/00	ADVENTIS-PASTEUR IPOLIO 13, 2		1/12/00	PARCEL IPOLIO 13, 2		1/12/00	A.N.	12/26/00
Hib	1/12/00	ADVENTIS-PASTEUR HIB 13, 2		1/12/00	PARCEL HIB 13, 2		1/12/00	A.N.	12/26/00
MMR	1/12/00	ADVENTIS-PASTEUR MMR 13, 2		1/12/00	PARCEL MMR 13, 2		1/12/00	A.N.	12/26/00
MMR-2	1/12/00	ADVENTIS-PASTEUR MMR-2 13, 2		1/12/00	PARCEL MMR-2 13, 2		1/12/00	A.N.	12/26/00
MMR-2	1/12/00	ADVENTIS-PASTEUR MMR-2 13, 2		1/12/00	PARCEL MMR-2 13, 2		1/12/00	A.N.	12/26/00
MMR-2	1/12/00	ADVENTIS-PASTEUR MMR-2 13, 2		1/12/00	PARCEL MMR-2 13, 2		1/12/00	A.N.	12/26/00
MMR-2	1/12/00	ADVENTIS-PASTEUR MMR-2 13, 2		1/12/00	PARCEL MMR-2 13, 2		1/12/00	A.N.	12/26/00
MMR-2	1/12/00	ADVENTIS-PASTEUR MMR-2 13, 2		1/12/00	PARCEL MMR-2 13, 2		1/12/00	A.N.	12/26/00
MMR-2	1/12/00	ADVENTIS-PASTEUR MMR-2 13, 2		1/12/00	PARCEL MMR-2 13, 2		1/12/00	A.N.	12/26/00

To the
USIR

UTAH SCHOOL IMMUNIZATION RECORD

Name of Parent/Guardian: _____ Gender: Male Female Date of Birth: _____

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap					
Tdap or Td Booster					
Polio					
Hemophilus influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) ¹					
Measles (Mumps, 10 days, not measles) ²					
Mumps ³					
Rubella (German measles, 7 day measles) ⁴					
Hepatitis B (HBV)					
Vaccinia (Chickpox)					
Hepatitis A (HAV)					

Record Source: Physician Registered Nurse Health Dept.
 I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____ Title: _____

Not-in-Compliance

- On the *first* day of school, if all requirements have not been met and the student is more than 30 days past due for any immunization, the student is *Not-in-Compliance* and must be excluded from school.
- If the student subsequently completes all required immunizations, the status can be changed to *All Requirements Met*.
- Enter the date and check the box for *Adequately Immunized* and cross through the *Not-in-Compliance* date.

**SCHOOL AND EARLY CHILDHOOD
PROGRAM USE ONLY:**

1. ALL REQUIREMENTS MET date: 10/25/09

Adequately Immunized
Or Exemption was granted for:

Medical (Expires* on _____)
 Religious
 Personal

2. Conditional Admission date: _____

3. Not-in-Compliance date: ~~08/15/05~~

***If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.**

Record Source/Authorized Signature

- The school official should indicate the source of the original records, such as a doctor, nurse, health department or clinic.
- Once the record has been appropriately completed, the school official in which the school is located must verify the USIR.

Record Source: **Physician** **Registered Nurse** **Health Dept.**

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

Authorized

Signature: _____ Date: _____ Title: _____