



Understanding the Utah Immunization Rule for Students

Module II

Utah School Immunization Record for Early Childhood Programs

Utah School Immunization Record

About This Module

Purpose: To provide information to early childhood program 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 early childhood programs.

Objectives:

- Define “official certificate of immunization.”
- Define “appropriate immunization documentation.”
- Describe the vaccines currently required for early childhood program entry.
- Describe appropriate documentation of Medical, Religious and Personal exemptions.
- Define proof of immunity (history of disease) and appropriate documentation of immunity.
- Describe who is responsible for verifying the USIR.
- Describe the School Record of children’s immunization status.

Official Use of the Utah School Immunization Record

- Each early childhood program must maintain *hard copies* of official certificates of immunization for every enrolled child to verify each child's immunization status.
- The Utah School Immunization Record (USIR) is the official certificate of immunization for children in early childhood programs.

UTAH DEPARTMENT OF HEALTH
UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-6-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. 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 Information

VACCINE	Record the month, day, & year each vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D-Celvax, T-Tetrix, T-Prevnar, or vaccine equivalent)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Meadles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday</small>					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was granted for:
 Medical reason (Expires on: _____)
 Religious belief
 Personal belief
 *If the medical exemption is temporary, enter date: _____

2. Proof of Immunity (History of disease):
 This student has proof of immunity for the following antigen (s):
 MMR
 Haemophilus influenza type b (Hib)
 Polio Pneumococcal
 Tdap Varicella (Chickenpox)
 DTaP Meningococcal
 Hepatitis A Hepatitis B
 *If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease of any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

*If the student has immunity for the required immunizations, healthcare provider statement must be attached to this Record.
 Immunization record received for this student is from: A statewide registry Student's former school Legally responsible individual of the student

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

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Fax: 801-221-8118
www.immunity-utah.org
 06/11/08-9400

Official Use of the Utah School Immunization Record

- The USIR may be printed from the Utah Statewide Immunization Information System (USIIS).
- The USIR may also be printed from the Utah Immunization Program website. It can be printed on any color paper.
- Records printed from USIIS are acceptable as the official immunization record and are considered equivalent to the USIR.



Vaccine Requirements

- The USIR shall document all the vaccines a child has received, including the month, date and year each vaccine was received.
- Children enrolled in early childhood programs must be appropriately immunized for their age with the following immunizations:
 - DTaP (Diphtheria, Tetanus, and Pertussis)
 - Polio
 - MMR (Measles, Mumps, Rubella)
 - Hepatitis A
 - Hepatitis B
 - Varicella (chickenpox)
 - Haemophilus influenza type b (Hib)
 - Pneumococcal

NOTES

Proof of immunity to disease(s) can be accepted in place of vaccination only if a document is presented to the early childhood program from a healthcare provider stating the child previously contracted the disease.

The Utah Immunization Guidebook http://www.immunize-utah.org/pdf/Immunization_Guidebook.pdf has information on each required vaccine and the schedule that should be followed, including minimum intervals between each dose.

Appropriate Immunization Documentation - Vaccines

- All children must have an official certificate of immunization received or an official Medical, Religious or Personal Exemption form, or proof of immunity, if applicable.
- When reviewing the immunization record of a child, ensure that information regarding each required vaccination the child has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, public health official, or pharmacist.
- The information must be transferred to the USIR.
- The USIR must be verified by the officials at the early childhood program.

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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 each vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTaP, DT, Td, Tdap <small>(D: Diphtheria, T: Tetanus, a: acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Masern, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday</small>					
Meningococcal					

SCHOOL USE ONLY:

1. **Exemption was granted for:**
 Medical reason (Expires on: _____)
 Religious belief
 Personal belief
 *If the medical exemption is temporary, enter date.
 2. **Proof of Immunity (History of Disease):**
 This student has proof of immunity for the following antigen (s):
 MMR
 Haemophilus influenzae type b (Hib)
 Polio Pneumococcal
 Tdap Varicella (Chickenpox)
 DTaP Meningococcal
 Hepatitis A Hepatitis B
 *If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease of any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Ref. 020218
www.immunize-utah.org
 801-538-9433


*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.
 Immunization record received for this student is from: A statewide registry
 Student's former school
 Legally responsible individual of the student

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

Exemptions Documentation

The Rule allows the following exemptions for early childhood program entry:

- Medical
 - Religious
 - Personal
- Children claiming an exemption to the required vaccinations must have their legally responsible individual complete an online educational module (free of charge), or in-person consultation (fee of up to \$25) at a local health department, AND provide a copy of the completed form to the early childhood program official.
- Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions.

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

Vaccine Information
Record the month, day, & year each vaccine was given.

VACCINE	1st	2nd	3rd	4th	5th
DTaP, DTP, DT, Td, Tdap <small>(Diphtheria, Tetanus, Pertussis, or whooping cough)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>(* also must be received on or after the 1st birthday)</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>(* also must be received on or after the 1st birthday)</small>					
Hepatitis A (HAV) <small>(* not required on or after the 1st birthday)</small>					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was granted for:
 Medical reason (Express* on: _____)
 Religious belief
 Personal belief
*If the medical exemption is temporary, enter date.

2. Proof of Immunity (History of disease):
This student has proof of immunity for the following antigen(s):
 MMR
 Haemophilus influenzae type b (Hib)
 Polio Pneumococcal
 Tdap Varicella (Chickenpox)
 DTaP Meningococcal
 Hepatitis A Hepatitis B

*If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease of any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

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Immunization record received for this student is from: A statewide registry Student's former school Legally responsible individual of the student

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

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 07/2018
www.health.utah.gov
(801) 538-5450

Exemptions Documentation

- For a medical exemption from required immunizations, the child's legally responsible individual must provide to the child's early childhood program a completed vaccination exemption form AND a written statement signed by a licensed healthcare provider stating that, due to the physical condition of the child, administration of the vaccine would endanger the student's life or health.
- For personal/religious exemption from the required vaccinations, the child's legally responsible individual must provide to the child's early childhood program a completed vaccination exemption form, stating that the child is exempt from vaccination because of a personal or religious belief.

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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 each vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(Diphtheria, Tetanus, Pertussis, acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Masern, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday</small>					
Meningococcal					

SCHOOL USE ONLY:

1. **Exemption was created for:**
 Medical reason (Express on: _____)
 Religious belief
 Personal belief

2. Proof of Immunity (History of disease):
 *If the medical exemption is temporary, enter date.
 This student has proof of immunity for the following antigen (s):
 MMR
 Haemophilus influenzae type b (Hib)
 Polio Pneumococcal
 Tdap Varicella (Chickenpox)
 DTaP Meningococcal
 Hepatitis A Hepatitis B

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Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Fax: 320-219
www.immunize-utah.org
 801-532-9322

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 Immunization record received for this student is from: A statewide registry
 Student's former school
 Legally responsible individual of the student

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

Exemptions Documentation

- Children with a *temporary medical exemption* are considered *Conditionally Admitted*.
- Enter the exemption expiration date, if applicable. Upon expiration of temporary status, immunizations will be required.
- A copy of the signed vaccination exemption form must be attached to the Utah School Immunization Record (USIR) and filed in the child's folder.
- A written statement from licensed healthcare provider must also be attached to the USIR if a medical exemption is claimed.

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

Vaccine Information
 Record the month, day, & year each vaccine was given.

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D-Component, T-Component, Td-Component, or Tdap-Component)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Maselen, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday</small>					
Meningococcal					

SCHOOL USE ONLY:

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 Medical reason (Expires on: _____)
 Religious belief
 Personal belief
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 Polio Pneumococcal
 Tdap Varicella (Chickenpox)
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 Immunization Program Rev. 02/2016
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Exemptions

- Vaccination exemption forms provided to a preschool or child care program do not need to be renewed as long as the child is in preschool or any child care program - even if the child changes preschools or child care programs.
- However, if a child changes schools and is old enough to enroll in kindergarten or the child turns six years old, the child must renew his/her vaccination exemption form. In other words – children must renew their vaccination exemption forms for kindergarten entry.

Proof of Immunity (History of Disease Verification)

- If a child is claiming immunity against a disease for which vaccination is required because the child previously contracted the disease, the child must submit a document signed by a healthcare provider to the early childhood program as proof of immunity.
- Check the appropriate proof of immunity box if applicable.

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Vaccine Information
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VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D: Diphtheria, T: Tetanus, P: Pertussis, aP: acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Masern, Mumps, and Rubella (MMR) <small>(1st dose must be received on or after the 1st birthday)</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>(1st dose must be received on or after the 1st birthday)</small>					
Hepatitis A (HAV)					
Meningococcal					

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Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Rep. 072019
www.immunize-utah.org
 801-538-9433

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 Immunization record received for this student is from: A statewide registry Student's former school
 Legally responsible individual of the student

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

Record Source/ Authorized Signature

- The early childhood program 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 early childhood program official must verify the USIR.

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Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Masles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday</small>					
Meningococcal					

SCHOOL USE ONLY:

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 Medical reason (Expires on: _____)
 Religious belief
 Personal belief
 *If the medical exemption is temporary, enter date: _____

2. **Proof of Immunity (History of Disease):**
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 Haemophilus influenzae type b (Hib)
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 DTaP Meningococcal
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 Legally responsible individual of the student

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



School Record of Children's Immunization Status

Each early childhood program must maintain a current list of all enrolled students, including:

- list of children the early childhood program has received a valid and complete immunization record;
- list of children who are exempt from receiving a required vaccine;
- list of children who are allowed to attend early childhood program under conditional enrollment status; and
- list that specifically identifies each disease against which a child is not immunized.



School Record of Children's Immunization Status

Upon the request of an official from a local health department in the event of a disease outbreak, an early childhood program administrator must:

- (a) notify the legally responsible of any child who is not immune to the outbreak disease, providing information regarding steps the legally responsible individual may take to protect students;
- (b) identify each child who is not immune to the outbreak disease; and
- (c) for a period determined by the local health department not to exceed the duration of the disease outbreak, do one of the following at the discretion of the early childhood program administrator after obtaining approval from the local health department:



School Record of Children's Immunization Status

(i) provide a separate educational environment for non-immune children, that ensures the protection of the non immune children as well as the protection of the remainder of the children; or

(ii) prevent each student who is not immune to the outbreak disease from attending early childhood program.

A name appearing on the list of all the enrolled children is subject to confidentiality requirements described in Section 26-1-17.5 and Section 53E-9-202.

06/2018