



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 kindergarten and 7th grade school entry.
- Describe appropriate documentation of medical, religious and personal exemptions.
- Define proof of immunity (history of disease) and appropriate documentation of immunity.
- 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 part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 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 53G-9-306 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 (USIIS).

Student Information

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

Vaccine Information

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D-Coublers, 1-Tetanus, 2-Perussil, 3-acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, 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					

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: _____

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 Fax: 801-221-9199
www.immunize-utah.org
 801-538-9400

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).
- 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.
- 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/DT** – 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 dose of Tdap** – required for 7th grade entry.
 - **4 doses of Polio** – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
 - **1 dose of Meningococcal** – Required for 7th grade entry.

Vaccine Requirements

- **2 doses of Measles, Mumps, Rubella (MMR)** – required for all students kindergarten through grade 12. The first dose of a MMR containing vaccine must be given on or after the first birthday.
- **3 doses of Hepatitis B** – required for students entering kindergarten and 7th grade.
- **2 doses of Varicella (chickenpox)** – required for students entering kindergarten and 7th grade. The first dose must be given on or after the first birthday.
- **2 doses of Hepatitis A** – required for students entering kindergarten. The first dose of Hepatitis A must be given on or after the first birthday.

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

Appropriate Immunization Documentation - Vaccines

- All students must have a an official certificate of immunization/USIR or an official Personal Exemption form, Religious or Personal Exemption, or proof of immunity, if applicable.
- When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student 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 a school or health personnel who verified USIR against the source records.

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
 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>(Diphtheria, Tetanus, Pertussis, or acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Masles, Mumps, and Rubella (MMR) <small>(¹ dose must be received on or after the 1st birthday)</small>					
Hepatitis B (HBV) <small>(¹ dose must be received on or after the 1st birthday)</small>					
Varicella (Chickenpox) <small>(¹ dose must be received on or after the 1st birthday)</small>					
Hepatitis A (HAV) <small>(¹ 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.


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: _____

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program File: 010510
www.immunize.utah.gov
 (801) 538-9430

School Use Only

- If a student has an exemption that *does not expire*, 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.



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 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 by month, day, & year each vaccine was given				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D-Quadrant, T-Trivalent, T-Trivalent, aP-acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>(* dose must be received on or after the 1st antibody)</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>(* dose must be received on or after the 1st antibody)</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st antibody.</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.

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 07/2018
www.doh.utah.gov
(801) 438-4430

*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: _____

Exemption Documentation

- Students 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.
- Immunization records of conditionally admitted students should be reviewed routinely to ensure compliance.

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-9-306 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 (USIIS).

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

Vaccine Information

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					
Measles, 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>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 Rev. 07/2018
www.immunize.utah.gov
 (801) 538-9450

*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: _____

Proof of Immunity (History of Disease Verification)

If a student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity.



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, DTaP, DT, Td, Tdap <small>(D: Diphtheria, T: Tetanus, aP: Pertussis, DT: acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, 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>Must be received on or after the 1st birthday</small>					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was created 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.

*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: _____

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 07/2016
www.immunize-utah.org
(801) 538-9400

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.

 **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.



Homeless Students - Enrollment

- Homeless students may be conditionally admitted.
- School officials should use their professional discretion to ensure these students receive the immunizations they need in a timely manner.
- The Utah Immunization Program will collaborate with the Utah State Office of Education to ensure school districts do not have funds withheld for homeless students, if there have been repeated efforts to obtain the required immunizations or immunization records.



i **NOTE:** Many of these homeless students have no insurance and are eligible to receive immunizations through the [Vaccines for Children \(VFC\) Program](#). Call 801-538-9450 for more information.

Homeless Students - Title VII

The McKinney-Vento Homeless Assistance Act states:

- The school selected must immediately enroll even if unable to produce normally required records for enrollment or while obtaining school records from previous school. 42 U.S.C. § 11432(g)(3)(C)(i)
- Enrolling schools shall contact the school last attended by the student immediately to obtain relevant academic and other records. 42 U.S.C. § 11432(g)(3)(C)(ii)
- If a child or youth experiencing homelessness needs to obtain immunization or other required health records, the enrolling school will immediately refer the parent, guardian, or unaccompanied youth to the local liaison, who will assist in obtaining necessary immunizations or screenings, or immunization or other required health records. 42 U.S.C. § 11432(g)(3)(C)(iii)

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

DOB: 1-3-00, Name: JOHN SMITH, M.P., Address: 123 DAK ST, ASTORIA, CA 95678

VACCINE	DATE	MANUFACTURER AND LOT NUMBER	ADMIN. SITE	ROUTE	STATUS	DATE	MANUFACTURER AND LOT NUMBER	ADMIN. SITE	ROUTE	STATUS
DTPaP	1/1/01	ADVENTIS-PASTEUR	RT	IM	1st	9/12/01	MSD	RT	IM	2nd
Polio	1/1/01	ADVENTIS-PASTEUR	RT	IM	1st	9/12/01	MSD	RT	IM	2nd
Hib	1/1/01	ADVENTIS-PASTEUR	RT	IM	1st	9/12/01	MSD	RT	IM	2nd
Hepatitis B	1/1/01	MSD	RT	IM	1st	9/12/01	MSD	RT	IM	2nd
Hepatitis B	1/1/01	MSD	RT	IM	3rd	9/12/01	MSD	RT	IM	4th
MMMR	1/1/01	MSD	RT	IM	1st	9/12/01	MSD	RT	IM	2nd
MMMR	1/1/01	MSD	RT	IM	3rd	9/12/01	MSD	RT	IM	4th
MMMR	1/1/01	MSD	RT	IM	5th	9/12/01	MSD	RT	IM	6th

To the USIR

UTAH SCHOOL IMMUNIZATION RECORD

Student Name: JOHN SMITH, M.P. Gender: Male Date of Birth: 1-3-00

Name of Parent/Guardian: _____

VACCINE	1st	2nd	3rd	4th	5th
DTPaP, DTP, DT, Td, Tdap					
Polio (IPV or OPV)					
Hepatitis B (HBV)					
MMMR					
Hepatitis B (HBV)					
Varicella (Chickenpox)					
Hepatitis A (HAV)					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was granted for:

- Medical reason (Expires on: _____)
- Religious belief
- Personal belief

2. Proof of Immunity (Dates of disease):

3. MMR

4. Haemophilus influenzae type b (Hib)

5. Polio Pneumococcal

6. DTaP Meningococcal

7. Hepatitis A Hepatitis B

8. 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.

9. Utah Department of Health, Division of Disease Control & Prevention, Immunization Program Fax: 202-218-7878, 801-535-5455



Record Source/Authorized Signature

- The school official should indicate the source of the original records, such as a statewide registry, student's former school or legally responsible individual of the student.
- Once the record has been appropriately completed, the school official in which the school is located must verify the USIR.

Rev 06/2018