

UTAH SCHOOL IMMUNIZATION RECORD

Immunization Quick Reference Sheet

For complete rules please refer to the current year Utah Immunization Guidebook found at www.immunize-utah.org

This record is part of the student's permanent school record to any new school. The Utah Statewide Immunization Information System (ISIS) code and shall transfer with the student's immunization record may be entered into the ISIS system.

Student Name _____

Name of Parent/Guardian _____

**THIS IS THE MINIMUM AGE & INTERVAL
All Immunizations have a Four Day Grace Period**

Fill out for any exemption claimed /proof of disease

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>	First dose given after 6 weeks old	4 weeks later	4 weeks later	6 months later <small>If 4th dose is given on or after 4th B-day, 5th dose not needed</small>	6 months later <small>For incomplete DTP series for kids >7 years old, see guidebook for rules</small>
Tdap Booster (given after 7 years of age) <small>Required if at least 5 years have elapsed since last pertussis containing vaccine (DTP, DTaP)</small>	Prior to 7th grade entry			Tdap is required for 7 th grade entry regardless of interval since last (Td) tetanus/diphtheria containing vaccine	
Polio	First dose given after 6 weeks old	4 weeks later	4 weeks later	6 months later <small>must be at least age 4</small>	<small>If 3rd dose is given on/after 4th b-day & 6 mo after previous dose only 3 doses needed.</small>
Haemophilus Influenzae b (Hib)	Not required for K entry				
Pneumococcal	Not required for K entry				
Measles, Mumps, and Rubella (MMR)* <small>1st dose must be received on or after the 1st birthday</small>	After 1 st B-day	4 weeks later	<small>If 1st dose of MMR is given prior to 1st birthday it must be repeated</small>		
Hepatitis B (HBV)	Birth	4 weeks later	*8 weeks later <small>child must be 24 weeks of age (6 months old)</small>	*Dose 3 must be given at (a) minimum of 6 mo.(24 wks) of age, (b) 8 weeks after 2 nd dose and (c) there must be 16 weeks between Dose 1 & Dose 3. Condition a must be met before b & c	
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday *see progressive grade requirements in guidebook</small>	After 1 st B-day	3 months later **Children >13 years of age need 2 doses, 4 weeks apart	<small>If Varicella and MMR are not given on the same day, 28 days must separate the two vaccines</small>	<small>If first dose of Varicella is given prior to 1st birthday it must be repeated If a student has had the chickenpox disease, parent must provide a note from doctor.</small>	
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday.</small>	After 1 st B-day	6 months later			
Meningococcal <small>Must be given after age 10</small>	Prior to 7th grade entry				

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 for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

Section 1 must be completed if an exemption was claimed with exemption form attached.

Section 2 must be completed if there is a physician documented history of disease attached.

***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: Signature must be from doctor, health dept, medical clinic or school official (YOU) **CANNOT BE SIGNED BY PARENT Date: Date you reviewed the record