### Immunization Quick Reference Sheet

For complete rules please refer to the current year Utah Immunization Guidebook found at [www.immunize-utah.org](http://www.immunize-utah.org)

#### UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student’s permanent school record to any new school. The Utah Statewide Immunization Information System (USIIS) shall have access to this record. This immunization record may be entered into a statewide registry and shall transfer with the student’s school record to any new school. The Utah Department of Health and Human Services and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DTP, DTaP, DT, Td</strong> (D-Tetanus, T-Tetanus, P-Tetanus, aP-acellular Pertussis)</td>
<td>First dose given after 6 weeks old</td>
<td>4 weeks later</td>
<td>4 weeks later</td>
<td>6 months later</td>
<td>6 months later</td>
</tr>
<tr>
<td><strong>Tdap Booster</strong> (given after 7 years of age)</td>
<td>Prior to 7th grade entry</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Polio</strong></td>
<td>First dose given after 6 weeks old</td>
<td>4 weeks later</td>
<td>4 weeks later</td>
<td>6 months later</td>
<td>6 months later</td>
</tr>
<tr>
<td><strong>Haemophilus Influenzae b (Hib)</strong></td>
<td>Not required for K entry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal</strong></td>
<td>Not required for K entry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, Mumps, and Rubella (MMR)</strong></td>
<td>After 1st B-day</td>
<td>4 weeks later</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B (HBV)</strong></td>
<td>Birth</td>
<td>4 weeks later</td>
<td><em>8 weeks later</em> child must be 24 weeks old</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella (Chickenpox)</strong></td>
<td>After 1st B-day</td>
<td>3 months later</td>
<td><strong>Children &gt;13 years of age need 2 doses, 4 weeks apart</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A (HAV)</strong></td>
<td>After 1st B-day</td>
<td>6 months later</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal</strong></td>
<td>Must be given after age 10</td>
<td>Prior to 7th grade entry</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THIS IS THE MINIMUM AGE & INTERVAL**

All Immunizations have a Four Day Grace Period

**Fill out for any exemption claimed /proof of disease**

#### 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):**
   - [ ] 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.

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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