

# 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) code and shall transfer with the student's immunization record may be entered into the

## 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)

Student Name \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

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

VACCINE	Record the month, day, & year vaccine was given.				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTP, DTaP, DT, Td</b> <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 4<sup>th</sup> dose is given on or after 4<sup>th</sup> B-day, 5<sup>th</sup> dose not needed</small>	6 months later <small>For incomplete DTP series for kids &gt;7 years old, see guidebook for rules</small>
<b>Tdap Booster (given after 7 years of age)</b> <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 <sup>th</sup> grade entry regardless of interval since last (Td) tetanus/diphtheria containing vaccine	
<b>Polio</b>	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 3<sup>rd</sup> dose is given on/after 4<sup>th</sup> b-day &amp; 6 mo after previous dose only 3 doses needed.</small>
<b>Haemophilus Influenzae b (Hib)</b>	Not required for K entry				
<b>Pneumococcal</b>	Not required for K entry				
<b>Measles, Mumps, and Rubella (MMR)*</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday</small>	After 1 <sup>st</sup> B-day	4 weeks later	If 1 <sup>st</sup> dose of MMR is given prior to 1 <sup>st</sup> birthday it must be repeated		
<b>Hepatitis B (HBV)</b>	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 <sup>nd</sup> dose and (c) there must be 16 weeks between Dose 1 & Dose 3. Condition <u>a</u> must be met before <u>b</u> & <u>c</u> .	
<b>Varicella (Chickenpox)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday *see progressive grade requirements in guidebook</small>	After 1 <sup>st</sup> B-day	3 months later <b>**Children &gt;13 years of age need 2 doses, 4 weeks apart</b>	If Varicella and MMR are <b>not</b> given on the same day, 28 days must separate the two vaccines	If first dose of Varicella is given prior to 1 <sup>st</sup> birthday it must be repeated  If a student has had the chickenpox disease, parent must sign to the right.	
<b>Hepatitis A (HAV)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>	After 1 <sup>st</sup> B-day	6 months later			
<b>Meningococcal</b> <small>*see progressive grade requirements in guidebook</small>	Prior to 7th grade entry				

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

- ALL REQUIREMENTS MET date \_\_\_\_\_  
 Adequately Immunized  
**Or** Exemption was granted for:  
 Medical Reason (Expires\* on : \_\_\_\_\_)  
 Religious Reason \*\*\*Must be on an official health dept exemption form \*\*\*  
 Personal Reason
- Date of Conditional Admission: \_\_\_\_\_
- Not-in-Compliance date : \_\_\_\_\_

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

**Disease Verification**

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

Signature of Parent/Guardian \_\_\_\_\_

\*\*\*Must be signed by parent/guardian\*\*\*

Age of Child at time of disease: \_\_\_\_\_

**Record Source**    Physician    Registered Nurse    Health Dept.    USIIS  
 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 one of the above authorized signatures or school official (YOU) \*\*CANNOT BE SIGNED BY PARENT\*\*

**Date** \_\_\_\_\_