



# UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. 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). Licensed early childhood programs in Utah are required to keep this record in each child's file.

## Student Information

Student Name \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_

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

*New for 7th Graders*

VACCINE	Vaccine Information				
	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, Tdap</b> <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>	[blacked out]	[blacked out]	[blacked out]	[blacked out]	[blacked out]
<b>Tdap</b> (given after 7 years of age)	[blacked out]				
<b>Polio (IPV or OPV)</b>	[blacked out]	[blacked out]	[blacked out]	[blacked out]	[blacked out]
<b>Haemophilus influenzae type b (Hib)</b>	[blacked out]	[blacked out]	[blacked out]	[blacked out]	[blacked out]
<b>Pneumococcal</b>					
<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>	[blacked out]	[blacked out]	[blacked out]	[blacked out]	[blacked out]
<b>Hepatitis B (HBV)</b>	[blacked out]	[blacked out]	[blacked out]	[blacked out]	[blacked out]
<b>Varicella (Chickenpox)*</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>	[blacked out]	[blacked out]	[blacked out]	[blacked out]	[blacked out]
<b>Hepatitis A (HAV)</b> <small>Must be received on or after the 1<sup>st</sup> birthday.</small>	[blacked out]	[blacked out]	[blacked out]	[blacked out]	[blacked out]
<b>Meningococcal</b>	[blacked out]				

**SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:**

1. ALL REQUIREMENTS MET date: \_\_\_\_\_  
 Adequately Immunized  
**Or** Exemption was granted for:  
 Medical (Expires\* on: \_\_\_\_\_)  
 Religious  
 Personal

2. Conditional Admission date: \_\_\_\_\_  
 3. Not-in-Compliance date: \_\_\_\_\_  
 \*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

**Disease Verification:**  
 My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.  
 Signature of Parent/Guardian \_\_\_\_\_  
 Age of child at time of disease: \_\_\_\_\_

\* If a student has history of the chickenpox disease, parent must sign to the right.

Utah Department of Health  
 Division of Disease Control & Prevention  
 Immunization Program Rev. 12/2014  
[www.immunize-utah.org](http://www.immunize-utah.org)  
 (801)-538-9450

**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_