

# 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).

### Student Information

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

Gender  Male  Female **Date of Birth** \_\_\_\_\_

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

### Vaccine Information

VACCINE	1 <sup>st</sup>	Record the month, day, & year vaccine was given. 2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTP, DTaP, DT, Td, Tdap</b> (D-Diphtheria, T-Tetanus, P-Perussis, aP-cellular Pertussis)					
<b>Tdap or Td Booster</b>				Tdap is preferred for the 7 <sup>th</sup> grade requirement, but Td is acceptable.	
<b>Polio (IPV or OPV)</b>					
<b>Haemophilus Influenzae b (Hib)</b>					
<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>					
<b>Measles (Rubella, 10 day, red measles)**</b>					
<b>Mumps**</b>					
<b>Rubella (German measles, 3 day measles)**</b>					
<b>Hepatitis B (HBV)</b>					
<b>Varicella (Chickenpox)</b> <small>*1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>					
<b>Hepatitis A (HAV)</b> <small>Must be received on or after the 1<sup>st</sup> birthday.</small>					

\* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.

\*\* If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.

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

### SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

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

Utah Department of Health  
Division of Community and Family  
Health Services  
Immunization Program 05/10

www.immunize-utah.org  
(801) 538-9450

Record Source:  Physician  Registered Nurse  Health Dept.

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_