



Understanding the Utah Immunization Rule for Students

Module II

Utah School Immunization Record

Utah School Immunization Record

About This Module

Purpose: To provide information to school personnel regarding requirements pertaining to the Utah School Immunization Record (USIR).


Goal: To improve understanding and usage of the Utah School Immunization Record in Utah schools.

Objectives:

- Define “official certificate of immunization.”
- Define “appropriate immunization documentation.”
- Describe the vaccines and number of vaccine doses currently required for kindergarten and 7th grade school entry.
- Describe appropriate documentation of medical, religious and personal exemptions.
- Define proof of immunity (history of disease) and appropriate documentation of immunity.
- Define appropriate immunization documentation for transfer students and students in military families.
- Describe who is responsible for verifying the USIR.
- Describe maintaining a current list of all students’ immunization status.

Utah School Immunization Record

- The Utah School Immunization Record (USIR) is the *official* certificate of immunization for students in any Utah public, private, charter or parochial school.
- Each school must maintain *hard copies* of the USIR for every enrolled student to verify each student's immunization status.
- The USIR is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code.



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. 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	Record the month, day, & year each vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D-Containing, 1st Trivalent, 2nd Trivalent, 4th Trivalent)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday</small>					
Meningococcal					

*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: _____ Date: _____

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

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program (Rev. 07/2019)
www.immunity-utah.org
0611-538-9440

Utah School Immunization Record

- The USIR shall transfer with the student's school record to any new school.
- The USIR may be printed from the Utah Statewide Immunization Information System (USIIS).
- The USIR may also be printed from the Utah Immunization Program website at immunize.utah.gov. It can be printed on any color paper.
- School districts *may not use templates of the USIR* for maintaining and reporting official immunization documentation.



Vaccine Requirements

- Schools must document on USIR all the vaccines a student has received, including the month, date and year each vaccine was received.
- The vaccine requirements for Utah students are as follows:
 - **5 doses of DTaP/DT** – 4 doses are acceptable, if the 4th dose was given after the 4th birthday. Required for kindergarten entry.
 - **1 dose of Tdap** – required for 7th grade entry.
 - **4 doses of Polio** – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday. Required for kindergarten entry.
 - **1 dose of Meningococcal Conjugate**– Required for 7th grade entry.

Vaccine Requirements

- **2 doses of Measles, Mumps, Rubella (MMR)** – required for all students kindergarten through grade 12. The first dose of a MMR containing vaccine must be given on or after the first birthday.
- **3 doses of Hepatitis B** – required for students entering kindergarten and 7th grade.
- **2 doses of Varicella (chickenpox)** – required for students entering kindergarten and 7th grade. The first dose must be given on or after the first birthday.
- **2 doses of Hepatitis A** – required for students entering kindergarten. The first dose of Hepatitis A must be given on or after the first birthday.

*Proof of immunity to disease(s) can be accepted in place of vaccination only if a document is presented to the school from a healthcare provider stating the student previously contracted the disease.

Appropriate Immunization Documentation - Vaccines

- All students must have a an official certificate of immunization (USIR) as well as an official exemption form (Religious, personal, or medical), or proof of immunity, if applicable.
- When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, public health official, or pharmacist.
- The information must be transferred to the USIR.
- The USIR must be verified by a school or health personnel who verified USIR against the source records.

UTAH DEPARTMENT OF HEALTH
UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-6-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. 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 (USIS).

Student Information
 Student Name _____ Gender Male Female Date of Birth _____
 Name of Parent/Guardian _____

Vaccine Information
 Record the month, day, & year each vaccine was given.

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(Diphtheria, Tetanus, Pertussis, or acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Masles, Mumps, and Rubella (MMR) <small>(¹ dose must be received on or after the 1st birthday)</small>					
Hepatitis B (HBV) <small>(¹ dose must be received on or after the 1st birthday)</small>					
Varicella (Chickenpox) <small>(¹ dose must be received on or after the 1st birthday)</small>					
Hepatitis A (HAV) <small>(¹ dose must be received on or after the 1st birthday)</small>					
Meningococcal					

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


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: _____ Date: _____

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program File: 010210
www.immunize.utah.gov
 (801) 538-9430

School Use Only

- If a student has an exemption, *check* the box for the applicable exemption.
- If the student has a temporary medical exemption, check the appropriate box and enter the date the exemption expires where indicated.



UTAH SCHOOL IMMUNIZATION RECORD

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Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record by month, day, & year each vaccine was given				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D-Quadrant, T-Trivalent, T-Trivalent, aP-acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>(* dose must be received on or after the 1st antibody)</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>(* dose must be received on or after the 1st antibody)</small>					
Hepatitis A (HAV) <small>(* dose must be received on or after the 1st antibody)</small>					
Meningococcal					

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

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 07/2018
www.doh.utah.gov
(801) 438-4430

*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: _____ Date: _____

Exemption Documentation

- Enter the exemption expiration date, if applicable. Upon expiration of temporary status, immunizations will be required.
- Immunization records of conditionally admitted students should be reviewed routinely to ensure compliance.

UTAH DEPARTMENT OF HEALTH
UTAH SCHOOL IMMUNIZATION RECORD

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Student Information
 Student Name _____ Gender Male Female Date of Birth _____
 Name of Parent/Guardian _____

Vaccine Information

VACCINE	1 st	Record the month, day & year each vaccine was given	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D= Diphtheria, T= Tetanus, P= Pertussis, a= acellular pertussis)</small>						
Tdap (given after 7 years of age)						
Polio (IPV or OPV)						
Haemophilus influenzae type b (Hib)						
Pneumococcal						
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>						
Hepatitis B (HBV)						
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>						
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday</small>						
Meningococcal						

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


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: _____ Date: _____

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Fax: 801-224-
www.immunize.utah.gov
 (801) 538-9450

Proof of Immunity (History of Disease Verification)

If a student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity. 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. The document must be attached to the USIR.



UTAH SCHOOL IMMUNIZATION RECORD

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Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year each vaccine was given				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D: Diphtheria, T: Tetanus, P: Pertussis, aP: acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday</small>					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was created 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 influenzae 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 of any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

*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: _____ Date: _____

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 07/2016
www.immunize-utah.org
(801) 538-9400

Students in Military Families

- Children legally residing in the home of an active-duty service member or whose parent or legal guardian is an active-duty service member may be *conditionally admitted* to school if they do not have their immunization records at the start of school.
- Follow the same instructions for documenting conditionally admitted students.

 **NOTE:** Active-duty means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active-duty orders pursuant to 10 U.S.C. Sections 1209 and 1211.



Homeless Students - Enrollment

- Homeless students may be conditionally admitted.
- School officials should use their professional discretion to ensure these students receive the immunizations they need in a timely manner.
- The Utah Immunization Program will collaborate with the Utah State Office of Education to ensure school districts do not have funds withheld for homeless students, if there have been repeated efforts to obtain the required immunizations or immunization records.



i **NOTE:** Many of these homeless students have no insurance and are eligible to receive immunizations through the [Vaccines for Children \(VFC\) Program](#). Call 801-538-9450 for more information.

Homeless Students - Title VII

The McKinney-Vento Homeless Assistance Act states:

- The school selected must immediately enroll even if unable to produce normally required records for enrollment or while obtaining school records from previous school. 42 U.S.C. § 11432(g)(3)(C)(i)
- Enrolling schools shall contact the school last attended by the student immediately to obtain relevant academic and other records. 42 U.S.C. § 11432(g)(3)(C)(ii)
- If a child or youth experiencing homelessness needs to obtain immunization or other required health records, the enrolling school will immediately refer the parent, guardian, or unaccompanied youth to the local liaison, who will assist in obtaining necessary immunizations or screenings, or immunization or other required health records. 42 U.S.C. § 11432(g)(3)(C)(iii)

Transfer Students

- Students who transfer from another state or from one Utah school to another must provide appropriate immunization documentation that satisfies Utah's requirements.
- The information must be transcribed to the USIR.
- An exemption from another state is not transferrable. The student must obtain the appropriate Utah exemption form.
- Attach any exemption form to the USIR.

**Transcribe
Immunization
history**

Immunization Record and History
 STATE OF CALIFORNIA - HEALTH SERVICES AGENCY Department of Health Services
 JOHN SMITH, M.P. (213) 456-7890
 123 DAK ST.
 ASTORIA, CA 95678
 * If combination vaccine (e.g., DTaP-IPV or HepB + Hib) is used, record date in each column.

VACCINE	DATE	MANUFACTURER AND LOT	AGE	STATUS
ADVENTIS-IPV1	1/1/01	ADVENTIS-IPV1	1yr 0m	LD
ADVENTIS-IPV2	1/1/01	ADVENTIS-IPV2	1yr 6m	LD
ADVENTIS-IPV3	1/1/01	ADVENTIS-IPV3	2yr 0m	LD
ADVENTIS-IPV4	1/1/01	ADVENTIS-IPV4	2yr 6m	LD
ADVENTIS-IPV5	1/1/01	ADVENTIS-IPV5	3yr 0m	LD
ADVENTIS-IPV6	1/1/01	ADVENTIS-IPV6	3yr 6m	LD
ADVENTIS-IPV7	1/1/01	ADVENTIS-IPV7	4yr 0m	LD
ADVENTIS-IPV8	1/1/01	ADVENTIS-IPV8	4yr 6m	LD
ADVENTIS-IPV9	1/1/01	ADVENTIS-IPV9	5yr 0m	LD
ADVENTIS-IPV10	1/1/01	ADVENTIS-IPV10	5yr 6m	LD

**To the
USIR**

UTAH SCHOOL IMMUNIZATION RECORD
 Department of Health Services
 This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-6-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. 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 (USIS).
 Student Name: JOHN SMITH, M.P. Gender: Male Date of Birth: 01/01/01
 Name of Parent/Guardian: JOHN SMITH
 Vaccination Record Table:
 DTaP, DTaP, DT, Td, Tdap: [] [] [] [] []
 Polio (IPV or OPV): [] [] [] [] []
 Haemophilus influenzae type b (Hib): [] [] [] [] []
 Measles, Mumps, and Rubella (MMR): [] [] [] [] []
 Hepatitis B (HBV): [] [] [] [] []
 Varicella (Chickenpox): [] [] [] [] []
 Meningococcal: [] [] [] [] []



Record Source/Authorized Signature

- The school official should indicate the source of the original records, such as a statewide registry, student's former school or legally responsible individual of the student.
- Once the record has been appropriately completed, the school official in which the school is located must verify the USIR. This is the signature of the school or health personnel who verified the Utah School Immunization record (USIR) against the source records.

Scanning Utah School Immunization Record

Can a school scan the Utah School Immunization Record (USIR), exemption form, and health care provider documentation for history of disease if the school only uses electronic student cumulative folder/school permanent record file?

Yes, maintaining an electronic/scanned copy of the USIR, student exemption form, and health care provider documentation for history of disease as part of the student's permanent cumulative record meets the Utah Statutory Code. This eliminates the need for a hard copy record to be kept on file because everything is electronic.

- If the USIR is kept in an electronic form, it must be up-to-date with the most current immunization information, including any required documents, and have all required signatures. When a district uses electronic student cumulative folder all the following criteria must be met:
- School personnel signed USIR, exemption form, and health care provider documentation for history of disease must be checked for accuracy before scanning into the file;

Scanning Utah School Immunization Record

- the electronic copy of the USIR, student exemption, and health care provider documentation for history of disease must be made available to the Utah Department of Health (UDOH) or local health departments as required for audit and to verify immunization records/exemptions/history of disease if an outbreak occurs for excluding all non-immunized students
- or exempt students; and
- the electronic copy of the USIR, student exemption form, and health care provider documentation for history of disease follows the student through his or her school career and must be sent to any transfer school upon the request of the student's legally responsible individual (53G-9-306).




Maintaining a Current List of All Students' Immunization Status

Are schools required to maintain a current list of all students' immunization status?

Yes. Each school must maintain a current list of all enrolled students. The list must include:

- students the school has received a valid and complete immunization record;
- students who are exempt from receiving a required vaccine;
- students who are allowed to attend school under conditional enrollment status; and
- the list must specifically identify each disease against which a student is not immunized.



For more information about the Utah School Immunization Record, contact the Utah Immunization Program at 801-538-9450 or visit Utah Immunization Program website at immunize.utah.gov.

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