



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), appropriate documentation of immunity, and due date.
- 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. 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.
- 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 and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

USIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given.				Dose Last	Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th				
DTaP, DTP, DT, Td, Tdap <small>10-Diphtheria, 1-Tetanus, 1-Pertussis, 4th-tetanus booster</small>								
Tdap <small>Tdap or an equivalent (Tdap given on or after 10 years of age)</small>								
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 Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry
 Student's former school
 Legally responsible individual of the student

Authorized Signature: _____ Date: _____

Office of Communicable Diseases
 Immunization Program
www.dhs.gov
 (801) 538-9450

Rev. 07/2022

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

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

- All students must have 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 SCHOOL IMMUNIZATION RECORD

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

VACCINE	Record the month, day, & year for each vaccine dose that was given.				DPA Last	Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th				
DTaP, DTP, DT, Td, Tdap <small>10-Diphtheria, 1-Tetanus, 1-Pertussis, 4th-acelluar pertussis</small>								
Tdap <small>10-Diphtheria, 1-Tetanus, 1-Pertussis, 4th-acelluar pertussis</small>								
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 Conjugate (ACWY)								

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Authorized Signature: _____ Date: _____

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Appropriate Immunization Documentation

Student Information

- Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
- The USIIS ID and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS or do not print USIR from USIIS.
- Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), and USIIS ID will be automatically filled in on the USIR when printed by participating USIIS user. The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.



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

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given.				Dose Last	Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th				
DTaP, DTP, DT, Td, Tdap <small>10-Diphtheria, 1st-Tetanus, 1st-Pertussis, 4th-tetanus booster</small>								
Tdap <small>Tdap or an equivalent (Tdap given on or after 10 years of age)</small>								
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 Conjugate (ACWY)								

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Authorized Signature: _____ Date: _____

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Appropriate Immunization Documentation

Vaccine Information

- Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th/last) for each of the required vaccines the student has received.
- Dates of vaccines given (1st 2nd, 3rd, 4th, 5th/last), Status, and Due Date will be automatically filled in on the USIR when printed by a participating USIR user.



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-308 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

USIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th /Last			
DTaP, DTP, DT, Td, Tdap (2 Options: Tdap, 2 nd dose; or Tdap, 4 th dose)								
Tdap <small>1st dose must be received on or after the 12th year of age</small>								
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 Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry
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Office of Communicable Diseases
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 (801) 538-5600

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Proof of Immunity (History of Disease Verification) Due Date

- Fill in the status column with “Immunity” if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease.
- A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Due Date** is not a required field to be completed by facilities that are not enrolled in USIIS or do not use USIIS to print USIR.

Utah Department of Health & Human Services

UTAH SCHOOL IMMUNIZATION RECORD

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Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

USIIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given					Dose Last	Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th				
DTaP, DTP, DT, Td, Tdap <small>(D:Options: T:Titania, P:Pertussis, a:acellular Pertussis)</small>									
Tdap <small>1st dose must be received on or after 12 years of age</small>									
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>									
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Exemption Documentation

- If a student has an exemption, fill in the exemption column with the type of exemption (religious, personal, or medical). Attach a copy of the exemption form to the back of the USIR.
- For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.


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Name of Parent/Guardian _____

USIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given				Dose Last	Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th				
DTaP, DTP, DT, Td, Tdap <small>(D: Diphtheria, T: Tetanus, P: Pertussis, a: acellular Pertussis)</small>								
Tdap <small>(T: Tetanus, a: acellular DTaP given on or after 12 years of age)</small>								
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>								
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Immunization Record Received for This Student Authorized Signature

- Immunization Record Received For This Student: Mark the source of the record(s) used to complete this document.
- Authorized Signature: Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).



UTAH SCHOOL IMMUNIZATION RECORD

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Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

USIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given				Dose Last	Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th				
DTaP, DTP, DT, Td, Tdap <small>(D: Diphtheria, T: Tetanus, P: Pertussis, aP: acellular Pertussis)</small>								
Tdap <small>1st dose must be received on or after 11 years of age</small>								
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 Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry

Student's former school

Legally responsible individual of the student

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Students in Military Families

○ Immunizations. Compacting states shall give 30 days from the date of enrollment or within such time as is reasonably determined under the rules promulgated by the Interstate Commission, for students to obtain any immunization required by the receiving state. For a series of immunizations, initial vaccinations must be obtained within 30 days or within such time as is reasonably determined under the rules promulgated by the Interstate Commission.



NOTE: Effective 1/24/2018 53E-3-905. Article IV — Educational records and enrollment — Immunizations — Grade level entrance.



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**

**To the
USIR**



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Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

USIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	OP/Last			
DTPa, DTP, DT, Td, Tdap <small>(D-Tetanus, T-Tetanus, DT-Diphtheria, aP-acellular Pertussis)</small>								
Tdap <small>Must be administered 12-18 months after the 1st or 2nd dose.</small>								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Masles, Mumps, and Rubella (MMR) <small>1st dose must be recorded on or after the 1st birthday</small>								
Hepatitis B (HBV)								
Varicella (Chickenpox) <small>1st dose must be recorded on or after the 1st birthday.</small>								
Hepatitis A (HAV) <small>1st dose must be recorded on or after the 1st birthday.</small>								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry
 Student's former school
 Legally responsible individual of the student

Authorized Signature: _____ Date: _____

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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 and Human Services (DHHS) 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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