



Understanding the Utah Immunization Rule for Students

Module II

Utah School Immunization Record for Early Childhood Programs



Utah School Immunization Record About This Module

Purpose:

To provide early childhood program personnel with information regarding the requirements for the Utah School Immunization Record (USIR).

Goal:

To improve understanding and proper usage of the Utah School Immunization Record in Utah early childhood programs.

Objectives:

- Outline the required **vaccines** for early childhood program entry.
- Define the **Utah School Immunization Record (USIR)** as the official certificate of immunization in Utah early childhood programs.
- Explain what constitutes **appropriate immunization documentation**.
- Describe the **proper documentation** of medical, religious and personal exemptions.
- Define **proof of immunity** (e.g., history of disease) and the appropriate documentation.
- Explain **who is responsible** for verifying the USIR.
- Describe the process for **maintaining a current** list of all children and their immunization status.
- Describe the conditions under which a child may be excluded from attending an early childhood program during a **vaccine-preventable disease outbreak**.



Immunization Requirements for Early Childhood Program Entry

Children enrolled in early childhood programs must be appropriately immunized for their age with the following vaccines:

- DTaP (Diphtheria, Tetanus, and Pertussis)
- Polio
- MMR (Measles, Mumps, Rubella)
- Hepatitis A
- Hepatitis B
- Varicella (chickenpox)
- Haemophilus influenza type b (Hib)
- Pneumococcal

For children claiming a previous infection with Measles, Mumps, Rubella (MMR), Varicella (Chickenpox), or Hepatitis A, immunity documentation must be provided to the early childhood program. These documents should include the results of serological/titer testing and a written statement signed by a healthcare provider confirming that, based on positive laboratory test results, the child does not need to receive the MMR, varicella, or hepatitis A vaccines.

For medical, religious, or personal exemptions, the legally responsible individual for the child must complete an online immunization education module at immunize.utah.gov or attend an in-person consultation at a local health department. A copy of the exemption form must be submitted to the Early childhood program. For medical exemptions, a completed vaccination exemption form, along with a written notice signed by a licensed healthcare provider, must be submitted to the early childhood program.

Utah School Immunization Record (USIR)

- The **Utah School Immunization Record (USIR)** is the **official certificate of immunization** for children in early childhood programs.
- The **USIR** can 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.
- Each early childhood program must maintain completed **hard copies** of the USIR for every enrolled child to verify their immunization status as well as an official exemption form (Religious, personal, or medical), or proof of immunity documents, if applicable.



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 _____
USIIS ID _____ Student ID Number _____

VACCINE		Record the month, day, & year for each vaccine dose that was given.				SPR Act	Status	Due Date	Exemption
		1st	2nd	3rd	4th				
DTaP, DTP, DT, Td, Tdap <small>(D-tetanus, T-tetanus, P-Pertussis, aP-acellular pertussis)</small>									
Tdap <small>(Tdap is an enhanced DTaP 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
immunize.utah.gov
(801) 538-9450

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

Rev. 07/2022

Documentation Requirements

- **Appropriate immunization documentation** must be provided to the early childhood program by the child's former early childhood program, legally responsible individual of the child, or a statewide registry.
- Appropriate documentation includes a record of all vaccines the child has received, including the month, date, and year each vaccine was administered, as well as an official exemption form (Religious, personal, or medical), or proof of immunity documents, if applicable.
- Information from other records must be transferred to the USIR.
- Any exemption form or proof of immunity documents must be attached to the USIR.



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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 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.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th /Last			
DTaP, DTP, DT, Td, Tdap (D-tetanus, T-tetanus, P-Pertussis, aP-acellular Pertussis)								
Tdap Tdap or an accelerated DTaP given on or after 12 years of age								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday.								
Hepatitis B (HBV)								
Varicella (Chickenpox) 1 st dose must be received on or after the 1 st birthday.								
Hepatitis A (HAV) 1 st dose must be received on or after the 1 st birthday.								
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
<https://www.idph.idaho.gov>
(801) 538-9450

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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 program that is enrolled in USIIS and has the child affiliated to that specific early childhood program.
- 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 USIIS 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 _____
 USIIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day & year for each vaccine dose that was given					SPR Act	Status	Due Date	Exemption
	1st	2nd	3rd	4th	5th/last				
DTaP, DTP, DT, Td, Tdap <small>(D-tetanus, T-tetanus, P-Pertussis, aP-acellular pertussis)</small>									
Tdap <small>(Tdap is an enhanced Td 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
immunization@utah.gov
 (801) 538-9450

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Appropriate Immunization Documentation

Vaccine Information

- If you are not printing the USIR from USIIS, 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 child has received.
- When **reviewing** the immunization record of a child, ensure that information regarding each required vaccination the child has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, public health official, or pharmacist.
- Make sure to **enter only valid doses of each vaccine** a child has received. When **printing from USIIS**, only valid doses of each vaccine administered to a child will display on the USIR.



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 _____

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 (D: Diphtheria, T: Tetanus, P: Pertussis, aP: acellular Pertussis)									
Tdap Tdap is indicated if TdP given on or after 12 years of age									
Polio (IPV or OPV)									
Haemophilus influenzae type b (Hib)									
Pneumococcal									
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday									
Hepatitis B (HBV)									
Varicella (Chickenpox) 1 st dose must be received on or after the 1 st birthday									
Hepatitis A (HAV) 1 st dose must be received on or after the 1 st birthday									
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
immunization@utah.gov
(801) 538-5600

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Exemption Documentation

- **Due Date** is not a required field for facilities that are not enrolled in USIIS or do not use USIIS to print the USIR.
- If a child has an exemption, enter the exemption type (religious, personal, or medical) in the exemption column. Attach a copy of the exemption form to the back of the USIR.
- **Note:** Work is in progress to enable exemptions completed through the online module to transfer directly to the USIR.
- For a medical exemption from required immunizations, the child's legally responsible individual must provide to the child's early childhood program a completed vaccination exemption form AND a written statement signed by a licensed healthcare provider stating that, due to the physical condition of the child, administration of the vaccine would endanger the child's life or health.

 **UTAH SCHOOL IMMUNIZATION RECORD**

This record is part of the student's permanent school record (cumulative folder) as defined in Section 530-9-306 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 _____
 USIIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	1st	2nd	3rd	4th	Other	Status	Due Date	Exemption
DTaP, DTP, DT, Td, Tdap <small>(Diphtheria, Tetanus, Pertussis, acellular Pertussis)</small>								
Tdap <small>Tdap or an equivalent 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>								
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.health.utah.gov
 (801) 538-9450

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Exemptions Documentation

The Rule allows the following exemptions for early childhood program entry:

- Medical
 - Religious
 - Personal
-
- The legally responsible individual of a child claiming an exemption from the required vaccinations must complete the online educational module at <https://immunize.utah.gov> (free of charge), or receive an in-person consultation (fee of up to \$25) at the local health department, and provide a copy of the completed form to the early childhood program official.
 - Completion of either the online educational module or in-person consultation at a local health department is required for all types of exemptions.

Proof of Immunity (History of Disease Verification)

- Fill in the status column with “Immunity” if the child is claiming previous infection with measles, mumps, rubella (MMR), varicella, or hepatitis A disease.
- Immunity documents for each child claiming previously infected with measles, mumps, rubella (MMR), varicella, or hepatitis A disease must be attached to the USIR.
- The immunity documents must include the results of serologic testing for immunity, titer testing, and a written statement signed by a health care provider confirming that, based on positive laboratory test results, the child does not need to receive the MMR, varicella, or hepatitis A vaccines.

 **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 Information

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

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) 538-9600

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Appropriate Immunization Documentation

- Immunization Record Received For This Student: Mark the source of the record(s) used to complete this document.
- Authorized Signature: The USIR must be verified by early childhood program staff or health personnel by comparing it with the source records. A program authority, such as the program administrator, owner, or manager, must then review the USIR and sign and date it. This signature indicates that the early childhood program or health personnel has verified the USIR against the source documents.



UTAH SCHOOL IMMUNIZATION RECORD

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Student Information
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 Name of Parent/Guardian _____
 USIS ID _____ Student ID Number _____

VACCINE	Record the month, day & year for each vaccine dose that was given.				SPR Act	Status	Due Date	Exemption
	1st	2nd	3rd	4th				
DTaP, DTP, DT, Td, Tdap <small>(D-tetanus, T-tetanus, P-Pertussis, aP-acellular pertussis)</small>								
Tdap <small>(Tdap is an enhanced DTaP 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

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 Immunization Program
www.dhs.gov
 (801) 538-9450

Authorized Signature: _____ Date: _____

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Utah School Immunization Record

- 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.
- Early childhood programs must provide a transferring child's immunization record to the new school or early childhood program upon request from the child's legally responsible individual or when any of the child's records are transferred to the new school or program.





Maintaining Records of Children's Immunization Status

Each early childhood program must maintain a current list of all enrolled children, which includes:

1. Children with valid and complete immunization records.
2. Children exempt from required vaccines.
3. Children attending under conditional enrollment, extended conditional enrollment, or those who are out of compliance.

The list must specifically indicate each disease for which a child is not immunized.

A name appearing on the list of enrolled children is subject to the confidentiality requirements outlined in Section [26B-1-212](#) and Section 53E-9-202.



Steps Early Childhood Programs Must Take During a Disease Outbreak

In the event of a disease outbreak, the early childhood program administrator must:

1. **Identify children not immune** to the outbreak disease.
1. **Notify legally responsible individuals** of children who are not immune to the outbreak disease and provide steps to protect their children.
2. **Implement measures approved by the local health department**, which may include:
 - providing a separate educational environment for non-immune children to ensure the protection of both non-immune children and the remainder of children.
 - preventing children who are not immune to the outbreak disease from attending the facility.

For questions related to vaccine-preventable disease outbreaks in schools or childcare facilities, contact your local health department epidemiologist or infections disease control department. Alternatively, you can reach out to Danielle Timothy at the Utah Department of Health and Human Services via email at dtimothy@utah.gov, her cell at 385-332-6948, or her team email at vpds@utah.gov.



Exclusions of Children Who Are Under Exemption, Conditionally, or Extended Conditionally Enrolled

1. A local or state health representative may exclude a child, as authorized by Section 53G-9-302, who has claimed an exemption to all vaccines or to one vaccine, who is not immune to the outbreak disease, or who is conditionally or extended conditionally enrolled in an early childhood program attendance if there is good cause to believe that the child has a vaccine preventable disease, or:

(a) has been exposed to a vaccine-preventable disease; or

(b) will be exposed to a vaccine-preventable disease because of program attendance.

2. An excluded child may not attend the program until the local health officer is satisfied that the child is no longer at risk of contracting or transmitting a vaccine-preventable disease.

3. Early childhood programs must comply with disease outbreak management options as described in Subsection 53G-9-309(3)(c).



Immunization Reporting Requirements for Early Childhood Program

Each school and early childhood program must report the following to the Utah Department of Health and Human Services Immunization Program in the form or format prescribed by the department:

- By January 30 of each year, a statistical report of the immunization status of children enrolled in a licensed day care center, Head Start program, and kindergartens.



Administering the Utah Immunization Rule for Students

- Vaccines are one of the most important public health tools available for preventing disease.
- As more vaccines are licensed, the immunization schedule becomes increasingly complicated. This can be confusing for parents and early childhood program officials resulting, resulting in the unnecessary exclusion of children.
- It is important for early childhood program officials to use the utmost discretion and adhere the guidelines in these modules when administering the rules.
- If you are unsure how to interpret or apply a rule, please contact the Utah Immunization Program at 801-538-9450 or email Nasrin Zandkarimi at nzandkar@utah.gov for assistance.

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