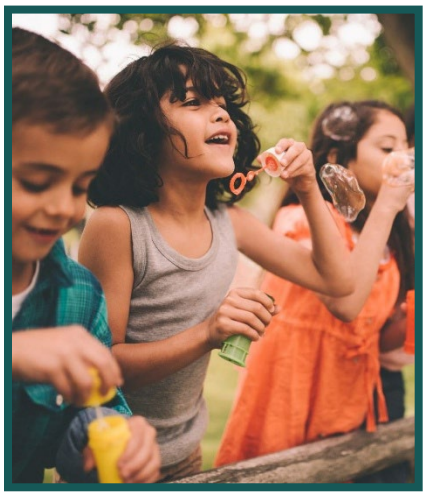
Utah Immunization Guidebook
2026 - 2027









For Schools, Early Childhood Programs and Healthcare Providers

INTRODUCTION

The Utah Immunization Program is pleased to provide you with the Utah Immunization Guidebook for Schools, Early Childhood Programs, and Healthcare Providers. This guidebook is designed to clarify Utah's immunization statutes and rules for students, which are included in Appendix A. It outlines each required vaccine and the corresponding schedule, including the minimum intervals between doses. The appendices also include frequently asked questions and sample forms to assist in implementing the requirements.

Since the implementation of Utah's immunization rule for students, consistent requirements have helped protect children attending Utah schools and early childhood programs from many vaccine-preventable diseases. In the past, these diseases caused significant illness and death. The success of the immunization rule for students is the direct result of strong collaboration among school and early childhood program personnel, school nurses, healthcare professionals, local health departments, statewide immunization coalitions, pharmacies, and parents.

The Utah Immunization Program recognizes that immunization schedules are complex and often require time and effort to ensure Utah's children are adequately protected from vaccine-preventable diseases. The Utah Statewide Immunization Information System (USIIS) is a free, confidential, web-based information system that contains immunization histories for Utah residents of all ages. USIIS consolidates immunization records from multiple providers into one centralized record. Schools and early childhood programs can enroll in USIIS and benefit from its many features, such as determining whether a child's vaccines are current, due, or overdue. For more information, visit the USIIS website at https://immunize.utah.gov/usiis/ or call the Utah Immunization Program at 801-538-9450.

We appreciate your continued support of the immunization rule for students and your dedication to Utah's children. If you have any questions regarding immunization requirements or this guidebook, please call the Utah Immunization Program at 801-538-9450 or email Nasrin Zandkarimi at nzandkar@utah.gov.

TABLE OF CONTENTS

SECTION 1 – INDIVIDUAL VACCINE REQUIREMENTS

Diphtheria, Tetanus, acellular Pertussis (DTaP) 4
Polio 14
Varicella (Chickenpox) 19
Measles, Mumps, Rubella (MMR) 20
Haemophilus influenzae type b (Hib) 21
Pneumococcal Conjugate (PCV) 30
Hepatitis A 35
Hepatitis B 35
Meningococcal 36
Tdap 36

SECTION 2 – SUMMARY OF REQUIREMENTS

School Entry Requirements for Grades K-12) 37
Immunization Requirements for School Use 38
Early Childhood Program Requirements 39
Minimum Age and Minimum Intervals Table .....

SECTION 3 – ANNUAL REPORTS

Due Dates 42

SECTION 4 – APPENDICES

Appendix A – Utah Immunization Statutes and Rules 44
Appendix B – Frequently Asked Questions 59
Appendix C – Communication with Parents 72
Appendix D – Common Vaccine Names 78
Appendix E – Sample Utah Immunization Program Forms 81

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS



Diphtheria, tetanus, acellular pertussis (DTaP)

A student enrolling in a Utah early childhood program or in kindergarten through 12th grade must be immunized with the diphtheria, tetanus, and pertussis (DTaP) vaccine. *

Five doses of DTaP vaccine are required. The first, second, and third doses must be administered at least four weeks apart. The fourth dose must be given at least six months after the third dose.

The fourth dose may be given as early as age 12 months if at least six months have elapsed since the third dose. However, for auditing purposes only, the fourth dose need not be repeated if given at least four months after the third dose. The fourth and fifth dose must be administered a minimum of six months apart. The fifth dose (booster dose) is required before the student enters kindergarten.

Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.

A student age 7-18 years not fully vaccinated** with DTaP should receive 1 dose of Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.

*Children enrolled in early childhood programs must be immunized with the DTaP vaccine according to their age. The number of required doses varies by the child's age and the time since their last vaccination.

** Fully vaccinated = 5 valid doses of DTaP OR 4 valid doses of DTaP if dose 4 was administered at age 4 years or older.

Note: ACIP and AAP both recommend that children receive no more than 6 doses of diphtheria and tetanus toxoids (e.g., DT, DTaP, DTP) before the seventh birthday because of concern about adverse reactions, primarily local reactions.

For DTaP, Td, and Tdap catch-up guidance for children ages 4 months through 18 years, see the next few pages.

Diphtheria, Tetanus, Pertussis: Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
	DTaP #1	DTaP #2			DTaP #4			DTaP #5	Tdap

Shaded boxes indicate the vaccine can be given during shown age range.

Catch-Up Guidance for Children 4 Months through 6 Years of Age Diphtheria-, Tetanus-, and Pertussis- Containing Vaccines: DTaP[1]

Table #1 – The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses of DTaP or DT is[1]	AND	THEN	Next dose due[2]
4 months through 11 months	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has **not** been at least 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
1 through 3 years	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3 **and** at 15 months of age or older[3, 4]
		It has **not** been at least 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has **not** been 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3[4]
		It has **not** been 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2

[1] Vaccine information: DTaP–Administer to children 6 weeks through 6 years of age without a contraindication or precaution to diphtheria, tetanus, or pertussis vaccine. DTaP products include Daptacel, Infanrix, Pediarix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications. DTAdminister to children 6 weeks through 6 years of age with a contraindication to pertussis vaccine.

[2] Next dose due is not the final dose in the series unless explicitly stated.

[3] Dose 4 maybe administered as early as age 12 months, provided at least 6 months have elapsed since Dose 3.

[4] Vaxelis should not be used for either Dose 4 or Dose 5.

[5] Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after Dose 3. Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024.
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/dtap.pdf

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

IF current age is	AND # of previous doses of DTaP or DT is[1]	AND	THEN	Next dose due[2]
1 through 3 years cont.	3	It has been at least 6 calendar months since Dose 3	If 12 though 14 months of age, no dose today[2]	Give Dose 4 (DTaP) at 15 through 18 months of age[4]
			If 15 months of age or older, give Dose 4 (DTaP) today[4]	Give Dose 5 (DTaP) at least 6 months after Dose 4 **and** at 4 through 6 years of age [4,5]
		It has **not** been 6 calendar months since Dose 3	No dose today	Give Dose 4 (DTaP) at least 6 months after Dose 3[4]
4 through 6 years	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has **not** been at least 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3[4]
		It has **not** been at least 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
	3	It has been at least 6 calendar months since Dose 3	Give Dose 4 (DTaP) today[4]	Give Tdap at 11 to 12 years of age

[1] Vaccine information: DTaP–Administer to children 6 weeks through 6 years of age without a contraindication or precaution to diphtheria, tetanus, or pertussis vaccine. DTaP products include Daptacel, Infanrix, Pediarix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications. DTAdminister to children 6 weeks through 6 years of age with a contraindication to pertussis vaccine.

[2] Next dose due is not the final dose in the series unless explicitly stated.

[3] Dose 4 maybe administered as early as age 12 months, provided at least 6 months have elapsed since Dose 3.

[4] Vaxelis should not be used for either Dose 4 or Dose 5.

[5] Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after Dose 3. Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024.
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/dtap.pdf

IF current age is	AND # of previous doses of DTaP or DT is[1]	AND		THEN	Next dose due[2]
4 through 6 years cont.	3 cont.	It has **not** been at least 6 calendar months since Dose 3	→	No dose today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3[4]
	4	All doses were given prior to the 4th birthday	It has **not** been at least 6 months since Dose 4	No dose today	Give Dose 5 (DTaP) at least 6 calendar months after Dose 4[4,5]
			It has been at least 6 months since Dose 4	Give Dose 5 (DTaP) today[4,5]	Give Tdap at 11 to 12 years of age
		At least one dose was given at/after the 4th birthday	→	No dose today	

[1] Vaccine information: DTaP–Administer to children 6 weeks through 6 years of age without a contraindication or precaution to diphtheria, tetanus, or pertussis vaccine. DTaP products include Daptacel, Infanrix, Pediarix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications. DTAdminister to children 6 weeks through 6 years of age with a contraindication to pertussis vaccine.

[2] Next dose due is not the final dose in the series unless explicitly stated.

[3] Dose 4 maybe administered as early as age 12 months, provided at least 6 months have elapsed since Dose 3.

[4] Vaxelis should not be used for either Dose 4 or Dose 5.

[5] Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after Dose 3. Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024.
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/dtap.pdf

Catch-Up Guidance for Children 7 through 9 Years of Age Tetanus-, Diphtheria-, and Pertussis containing Vaccines: Tdap/Td[1]

Table #2- The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html.

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years[1]	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given **before** 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
				Dose 1 was **not** Tdap	Give Dose 2 (Tdap) today	
			It has **not** been at least 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
				Dose 1 was **not** Tdap	No dose today	Give Dose 2 (Tdap) at least 4 weeks after Dose 1
	2	Dose 1 was given **before** 12 months of age	It has been at least 4 weeks since Dose 2	Dose 2 was Tdap[1]	Give Dose 3 (Td or Tdap) today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3

[1] For persons 7-9 years of age who receive a dose of Tdap, the routine adolescent Tdap dose should be administered at age 11-12 years.

[2] Tdap may be administered regardless of the interval since the last tetanus-and diphtheria-toxoid-containing vaccine.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger--United States, 2024.
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/tdap-1.pdf

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years[1] cont.	2 cont.	Dose 1 was given **before** 12 months of age, cont.	It has been at least 4 weeks since Dose 2, cont.	No dose was Tdap	Give Dose 3 (Tdap) today	
			It has **not** been 4 weeks since Dose 2	Dose 2 was Tdap	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 6 calendar months since Dose 2	Any dose was Tdap[1]	Give Dose 3 (Td or Tdap) today	Give Tdap at 11-12 years of age[1,2]
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has **not** been 6 calendar months since Dose 2	Any dose was Tdap[1]	No dose today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2[1]
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 6 calendar months after Dose 2
	3	Dose 1 was given **before** 12 months of age	It has been at least 6 calendar months since Dose 3	Any dose was Tdap[1]	Give Dose 4 (Td or Tdap) today	Give Tdap at 11-12 years of age[1,2]
				No dose was Tdap	Give Dose 4 (Tdap) today	

[1] For persons 7-9 years of age who receive a dose of Tdap, the routine adolescent Tdap dose should be administered at age 11-12 years.

[2] Tdap may be administered regardless of the interval since the last tetanus-and diphtheria-toxoid-containing vaccine.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger--United States, 2024.
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/tdap-1.pdf

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years[1] cont.	3 cont.	Dose 1 was given **before** 12 months of age cont.	It has **not** been 6 calendar months since Dose 3	Any dose was Tdap[1]	No dose today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3[1]
				No dose was Tdap[1]	No dose today	Give Dose 4 (Tdap) at least 6 calendar months after Dose 3[1]
		Dose 1 was given at 12 months of age or older	No dose was Tdap	→	Give Dose 4 (Tdap[2]) today	Give Tdap at 11-12 years of age[1,2]
			Any dose was Tdap	→	No dose today	
	4	→	Dose of DTaP or Tdap given after 4th birthday	→	No dose today	Give Tdap at 11-12 years of age[1,2]
			No DTaP or Tdap given after 4th birthday	→	Give a dose of Tdap today	Give Tdap at 11-12 years of age[1,2]

[1] For persons 7-9 years of age who receive a dose of Tdap, the routine adolescent Tdap dose should be administered at age 11-12 years.

[2] Tdap may be administered regardless of the interval since the last tetanus-and diphtheria-toxoid-containing vaccine.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger--United States, 2024.
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/tdap-1.pdf

Catch-Up Guidance for Children 10 through 18 Years of Age Tetanus-, Diphtheria-, and Pertussis containing Vaccines: Tdap/Td[1]

Table #3 – The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html.

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
10 through 18 years	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given **before** 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap[1,2]	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
				Dose 1 was **not** Tdap	Give Dose 2 (Tdap) today	
			It has **not** been 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1[2]
				Dose 1 was **not** Tdap	No dose today	Give Dose 2 (Tdap) at least 4 weeks after Dose 1

[1] Given at 10 years of age or older.

[2] If the previous Tdap dose(s) was administered before 10th birthday, then a dose of Tdap is recommended now.

[3] Or Tdap administered at 9 years of age or younger.

[4] The preferred age at administration for this dose is 11-12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose.

[5] The preferred age at administration for this dose is 11-12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
10 through 18 years cont.	2	Dose 1 was given **before** 12 months of age	It has been at least 4 weeks since Dose 2	Any dose was Tdap[1]	Give Dose 3 (Td or Tdap) today[2]	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
				No dose was Tdap[3]	Give Dose 3 (Tdap) today	
			It has **not** been 4 weeks since Dose 2	Any dose was Tdap[1]	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2[2]
				No dose was Tdap[3]	No dose today	Give Dose 3 (Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 6 calendar months since Dose 2	Any dose was Tdap[1]	Give Dose 3 (Td or Tdap) today[2]	Give Td or Tdap 10 years after Dose 3
				No dose was Tdap[2]	Give Dose 3 (Tdap) today[2]	
			It has **not** been 6 calendar months since Dose 2	Any dose was Tdap[1]	No dose today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2[2]
				No dose was Tdap[3]	No dose today	Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

[1] Given at 10 years of age or older.

[2] If the previous Tdap dose(s) was administered before 10th birthday, then a dose of Tdap is recommended now.

[3] Or Tdap administered at 9 years of age or younger.

[4] The preferred age at administration for this dose is 11-12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose.

[5] The preferred age at administration for this dose is 11-12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
10 through 18 years cont.	3	Dose 1 was given **before** 12 months of age	It has been at least 6 calendar months since Dose 3	Any dose was Tdap[1]	Give Dose 4 (Td or Tdap) today[2]	Give Td or Tdap 10 years after Dose 4
				No dose was Tdap[3]	Give Dose 4 (Tdap) today	
			It has **not** been 6 calendar months since Dose 3	Any dose was Tdap[1]	No dose today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3[2]
				No dose was Tdap[3]	No dose today	Give Dose 4 (Tdap) at least 6 months after Dose 3
		Dose 1 was given at 12 months of age or older	No dose was Tdap[3]	→	Give Dose 4 (Tdap) today	Give Td or Tdap 10 years after Dose 4
			Any dose was Tdap[1]	→	No dose today	Give Td or Tdap 10 years after Dose 3[2]
	4	→	No Tdap was given after 7th birthday	→	Give a dose of Tdap today[4]	Give Td or Tdap 10 years after Tdap dose
			Any dose of Tdap was given at age 7 years or older[1]	No Tdap was given at age 10 or older		Give Td or Tdap 10 years after Dose 4
				Tdap was given at age 10 or older	No Tdap was given at age 10 or older	

[1] Given at 10 years of age or older.

[2] If the previous Tdap dose(s) was administered before 10th birthday, then a dose of Tdap is recommended now.

[3] Or Tdap administered at 9 years of age or younger.

[4] The preferred age at administration for this dose is 11-12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose.

[5] The preferred age at administration for this dose is 11-12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html



Polio

A student enrolling in a Utah early childhood program or in kindergarten through 12th grade must be immunized with the Polio vaccine. *

Four doses of inactivated polio vaccine (IPV) are required. The first three doses must be administered at least four weeks apart. The final dose must meet the following criteria:

A. It must be administered on or after the student's fourth birthday**-regardless of the number of previous doses;** and
B. It must be given at least six months after the previous dose

If the third dose is administered on or after a student's fourth birthday, a fourth dose is not required.

The above schedule does not apply to polio vaccines given prior to August 7, 2009. The final dose of polio vaccine given PRIOR to August 7, 2009 will fall under the previous recommendation with a minimum interval of four weeks between doses three and four (the final dose does not require a minimum age of four years). Reference: Polio (https://www.immunize.org/ask-experts/topic/polio/).

If an immigrant infant has a record of 1 or 2 doses of OPV in their country of origin how many more doses of IPV should be given?

Polio vaccine given outside the United States is valid if written documentation indicates that all doses were given after 6 weeks of age and the vaccine received was IPV or trivalent OPV (tOPV). Only trivalent polio vaccine counts toward the U.S. schedule. No doses of OPV given since April 1, 2016, count toward the U.S. polio vaccination schedule because, on that date, all countries routinely using tOPV switched to bivalent OPV. Please see other detailed answers concerning details on assessment of OPV doses by the date of administration.

If both tOPV and IPV were or will be administered as part of a series, the total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. If the child is younger than 4 years of age a total of 4 doses of polio vaccine are recommended. If the child is currently 4 years of age or older, a total of 3 doses completes the series. A minimum interval of 4 weeks should separate doses in the series, with the final dose administered on or after the fourth birthday and at least 6 months after the previous dose. If only tOPV was administered, and all doses were given before 4 years of age, 1 dose of IPV should be given at 4 years of age or older, at least 6 months after the last tOPV dose.

Reference: Last updated: July 23, 2023 (https://www.immunize.org/ask-experts/topic/polio/).

How do I determine if doses of oral polio vaccine (OPV) administered outside the United States were trivalent OPV?

Use the date of administration to make a presumptive determination of what type of OPV was received. Only trivalent doses count as valid for the U.S. polio vaccination schedule. Trivalent OPV was used throughout the world before April 2016. In April 2016, all countries using tOPV switched to bivalent OPV (bOPV). In addition, some countries also use monovalent OPV (mOPV) during special vaccination campaigns. Doses recorded as bOPV or mOPV, and unspecified OPV doses noted on an immunization record as given during a vaccination campaign, do not count as valid doses for the U.S. polio vaccination schedule. You may count a record of an "OPV" dose as valid if the dose was administered before April 1, 2016, and was not noted as being administered as part of a mass vaccination campaign. OPV doses

administered on or after April 1, 2016, should not be counted as a valid dose for the U.S. polio vaccination schedule.
Reference: https://www.immunize.org/askexperts/topic/polio/

**Children enrolled in early childhood programs must be immunized with the polio vaccine according to their age. The number of required doses varies based on the child's age and the time since their last vaccination.*

Polio: Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
	IPV #1	IPV #2	IPV #3					IPV #4	

Shaded boxes indicate the vaccine can be given during shown age range.

Catch-Up Guidance for Children 4 Months through 17 Years of Age: Inactivated Polio Vaccine (IPV)[1]

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html.

IF current age is	AND # of previous doses[2] is	AND		THEN	Next dose due
4 through 18 months	Unknown or 0	→		Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1		Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2 **and** at 6 months of age or older
		It has **not** been at least 4 weeks since Dose 1		No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Child is 6 months of age or older	Give dose 3 today	Give Dose 4 (**Final Dose**) at 4 through 6 years of age[4]
			Child is younger than 6 months of age	No dose today	Give Dose 3 at 6 months of age
		It has **not** been at least 4 weeks since Dose 2	→	No dose today	Give Dose 3 at least 4 weeks after Dose 2 **and** at 6 months of age or older

[1] IPV products include IPOL, Pedirix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications.

[2] Series containing oral polio vaccine (OPV) administered before April 1, 2016, either mixed OPV-IPV or OPV only: Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm

[3] Next dose due is not the final dose in the series unless explicitly stated.

[4] Vaxelis is not indicated for Dose 4.

[5] Dose 4 is not necessary if Dose 3 was given at age 4 years or older and at least 6 months after the previous dose.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024 https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

IF current age is	AND # of previous doses[2] is	AND			THEN	Next dose due
19 months through 3 years	Unknown or 0	→			Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1			Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2
		It has **not** been at least 4 weeks since Dose 1			No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2			Give Dose 3 today	Give Dose 4 (**Final Dose**) at least 6 months after Dose 3 and at 4 through 6 years of age[4]
		It has **not** been 4 weeks since Dose 2			No dose today	Give Dose 3 at least 4 weeks after Dose 2
4 through 17 years	Unknown or 0	→			Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1			Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 6 months after Dose 2[5]
		It has **not** been at least 4 weeks since Dose 1			No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	It has been at least 6 months since Dose 2			Give Dose 3 (**Final Dose**) today[5]	**No additional doses needed**
		It has **not** been 6 months since Dose 2			No dose today	Give Dose 3 (**Final Dose**) at least 6 months after Dose 2[5]
	3	Dose 3 was given before 4 years of age	It has been at least 6 months since Dose 3	→	Give Dose 4 (**Final Dose**) today[4]	**No additional doses needed**

[1] IPV products include IPOL, Pedirix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications.

[2] Series containing oral polio vaccine (OPV) administered before April 1, 2016, either mixed OPV-IPV or OPV only: Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm

[3] Next dose due is not the final dose in the series unless explicitly stated.

[4] Vaxelis is not indicated for Dose 4.

[5] Dose 4 is not necessary if Dose 3 was given at age 4 years or older and at least 6 months after the previous dose.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024 https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

IF current age is	AND # of previous doses[2] is	AND			THEN	Next dose due
4 through 17 years cont.	3 cont.	Dose 3 was given before 4 years of age cont.	It has **not** been at least 6 months since Dose 3	→	No dose today	Give Dose 4 (**Final Dose**) at least 6 months after Dose 3[4]
		Dose 3 was given at 4 years of age or older	Dose 3 was given at least 6 months from previous dose	→	No dose today	**No additional doses needed**
			Dose 3 was **not** given at least 6 months from previous dose	It has been at least 6 months since Dose 3	Give Dose 4 (**Final Dose**) today	**No additional doses needed**
				It has not been at least 6 months since Dose 3	No dose today	Give Dose 4 (**Final Dose**) at least 6 months after Dose 3[4]

[1] IPV products include IPOL, Pedirix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications.

[2] Series containing oral polio vaccine (OPV) administered before April 1, 2016, either mixed OPV-IPV or OPV only: Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm

[3] Next dose due is not the final dose in the series unless explicitly stated.

[4] Vaxelis is not indicated for Dose 4.

[5] Dose 4 is not necessary if Dose 3 was given at age 4 years or older and at least 6 months after the previous dose.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024 https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

Varicella (Chickenpox)

A student enrolling in a Utah early childhood program or in kindergarten through 12th grade must be immunized with the varicella (chickenpox) vaccine. *

Kindergarten through twelfth: A student entering kindergarten through 12th grade must be immunized with two doses of the varicella (chickenpox) vaccine. The first dose must be administered **on** or **after** the student's first birthday.

Early childhood program entry: * A child 22 months of age or older attending an early childhood program must have received one dose of the varicella (chickenpox) vaccine prior to entry. It is recommended that children receive a second dose between 4 and 6 years of age. Children enrolled in early childhood programs must be immunized with the varicella vaccine according to their age. The number of the required doses varies based on the child's age and how long ago they were vaccinated.

Notes:

- For auditing purposes, the second dose can be accepted if administered earlier than 4-6 years of age, if at least three months have elapsed following the first dose. However, the second dose of varicella vaccine can be accepted if it was previously administered at least four weeks following the first dose.
- Varicella vaccine doses administered to persons 13 years or older must be separated by four weeks.
- For children aged 7-12 years, the recommended minimum interval between doses is three months. •
- For auditing purposes, if the second dose was previously administered at least four weeks after the first dose, it can be accepted as valid.
- If a student has a history of Chickenpox disease, the student must submit documentation signed by a healthcare provider as proof of immunity.
- If two live vaccines, such as MMR and chickenpox, are given less than four weeks apart, the second vaccine should be repeated. If varicella vaccine is not administered on the same day as MMR, a minimum of 28 days must separate the two vaccines.
- If a child/student inadvertently received the zoster vaccine instead of the varicella vaccine, the zoster vaccine can be counted as one dose of varicella vaccine.
- If the first dose was given before the student's first birthday, it is not a valid dose and must be repeated.
- The four-day "grace period" does not apply to the 28-day interval between two live vaccines not administered at the same day.
- If MMRV was given instead of MMR, the minimum interval between doses is three months, but if the second dose of MMRV was given at least four weeks after the first dose, it can be accepted as valid. MMRV is approved for children 12 months through 12 years.

For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if no preference is expressed.

Varicella (Chickenpox): Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
				VAR #1				VAR #2	

Shaded boxes indicate the vaccine can be given during shown age range.



Measles, Mumps, and Rubella (MMR)

A student enrolling in a Utah early childhood program or in kindergarten through 12th grade must be immunized with the Measles, Mumps, and Rubella (MMR) vaccine. *

School Entry: A student entering school (**kindergarten through 12th grade**) must be immunized with **two** doses of the measles, mumps, rubella (MMR) vaccine. The first dose must be administered **on** or **after** the student's first birthday. The minimum interval between the first and second doses is four weeks.

Early Childhood Program Entry: * A child one year of age or older attending an early childhood program must have received one dose of the MMR vaccine prior to entry.

NOTES:

- It is recommended that children receive the second dose of MMR at 4-6 years of age, however, the second dose of MMR can be accepted if it was administered four weeks (28 days) after the first dose. If MMR vaccine is NOT administered on the same day as Varicella, a minimum of 28 days must separate the two vaccines. If two live vaccines, such as MMR and Chickenpox, are given less than four weeks apart, the vaccine given second should be repeated.
- If the first dose was given before the student's first birthday, it is not a valid dose and must be repeated.
- The four-day "grace period" does not apply to the 28-day interval between two live vaccines not administered at the same visit.
- If MMRV was administered instead of MMR, minimum interval between doses is three months. If the second dose of MMRV was given at least four weeks after the first dose, it can be accepted as valid. MMRV is approved for children 12 months through 12 years.
- For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express no preference.

***Children enrolled in early childhood programs must be immunized with the MMR vaccine according to their age. The number of required doses varies based on the child's age and how long ago they were vaccinated.**

Measles, Mumps, Rubella (MMR): Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
				MMR #1				MMR #2	

Shaded boxes indicate the vaccine can be given during shown age range.

Haemophilus influenzae type b (Hib)

A child under five years of age attending an early childhood program must be immunized with the Haemophilus influenzae type b (Hib) vaccine, as appropriate for their age.
Hib is not recommended after a child's 5th birthday and is therefore not required for entry into kindergarten.

Recommended Schedule: The number of doses in the *primary series* depends on the type of vaccine used. Merck (PedvaxHIB) vaccines require a two-dose primary series (Table, Row 1), while other brands require a three-dose primary series (Table, Row 2). If more than one brand of vaccine is used for the primary series, a three-dose primary series is required. The minimum interval between Hib doses in the primary series is four weeks.

Infants 2 through 6 months of age should receive a 3-dose series of ActHIB, Hiberix, Pentacel, or Vaxelis, or a 2-dose series of PedvaxHIB. The first dose can be administered as early as age 6 weeks. Hib-containing vaccine should not be given before 6 weeks of age. Doses given before 12 months of age should be separated by at least 4 weeks. A booster dose (which will be dose 3 or 4 depending on vaccine type used in primary series) of any Hib-containing vaccine is required at age 12 through 15 months and at least 8 weeks after the most recent Hib dose**.**

Vaxelis is recommended only for the primary Hib series and is not recommended for use as a booster (4th) dose. A different Hib-containing vaccine licensed for a booster dose should be used.

If a healthy child receives a dose of Hib vaccine at 15 months of age or older, he or she does not need any further doses regardless of the number of doses received before 15 months of age. Some high-risk children between the ages of 5 months and 59 months will be recommended for two doses of Hib vaccine based on previous history of incomplete vaccination.

Routine Vaccination

- ActHIB®, Hiberix®, Pentacel®, or Vaxelis®: 4-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months). *Vaxelis® is not recommended for use as a booster dose. A different Hib-containing vaccine should be used for the booster dose.
- PedvaxHIB®: 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months*)*

Three monovalent Hib vaccines are available in the United States: PedvaxHIB (PRP -OMP, Merck), ActHIB (PRP-T, Sanofil) and HIberix (PRP-T, GSK).

Reference: updated on February 14, 2023 (https://www.immunize,org/askexperts/experts_hib.asp)

For catch-up guidance for healthy children 4 months through 4 years on Haemophilus influenza type b (Hib) vaccines-including ActHIB, Pentacel, Hiberix, unknown brand, Vaxelis, or PedvaxHIB-see the following pages.

Haemophilus influenzae type B (Hib) Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
	Merck Hib #1	Merck Hib #2		Merck Hib #3 Booster					
	Other Hib #1	Other Hib #2	Other Hib #3	Other Hib #4 Booster					

Shaded boxes indicate the vaccine can be given during shown age range.

Catch-Up Guidance for Healthy[1] Children 4 Months through 4 Years of Age haemophilus influenzae type b Vaccines: ActHIB, Pentacel, Hiberix, Vaxelis, or Unknown[2]

Table #1 – The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html.

IF current age is	AND # of previous doses is	AND	THEN	Next dose due[3]
4 through 6 months	Unknown or 0	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2
		It has **not** been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (**Final Dose**) at 12 months of age or older[4]
		It has **not** been at least 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2
7 through 11 months	Unknown or 0	→ →	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1 →	Give Dose 2 today	IF Dose 1 was given **before** 7 months of age, give Dose 3 at least 4 weeks after Dose 2
				IF Dose 1 was given at 7 months of age or older, give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2 **and** no earlier than 12 months of age or older

1. Refer to notes of the recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for Haemophilus influenzae type b disease.
2. See separate job aid for HIB vaccination with Pedvax HIB.
3. Next dose due is not the final dose in the series unless explicitly stated.
4. Vaxelis should not be used for Dose 4.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

IF current age is	AND # of previous doses is	AND		THEN	Next dose due[3]
7 through 11 months cont.	1 cont.	It has **not** been at least 4 weeks since Dose 1	→	No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	Dose 1 was given **before** 7 months of age	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (**Final Dose**) at least 8 weeks after Dose 3 **and** no earlier than 12 months of age[4]
			It has **not** been 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2
		Dose 1 was given at 7 months of age or older	→	No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2 **and** no earlier than 12 months of age
12 through 14 months	Unknown or 0	→	→	→	Give Dose 1 today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
	1	Dose 1 was given **before** 12 months of age	It has been at least 4 weeks since Dose 1	→	Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
			It has **not** been 4 weeks since Dose 1	→	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	→	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
			It has **not** been at least 8 weeks since Dose 1	→	No dose today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1

1. Refer to notes of the recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for Haemophilus influenzae type b disease.
2. See separate job aid for HIB vaccination with Pedvax HIB.
3. Next dose due is not the final dose in the series unless explicitly stated.
4. Vaxelis should not be used for Dose 4.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024.
www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IF current age is	AND # of previous doses is	AND			THEN	Next dose due[3]
12 through 14 months cont.	2	Dose 1 was given **before** 12 months of age	It has been at least 8 weeks since Dose 2	→	Give Dose 3 (**Final Dose**) today	**No additional doses needed**
			It has **not** been at least 8 weeks since Dose 2	→	No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	→	→	No dose today	**No additional doses needed**
	3	All doses were given **before** 12 months of age	→	It has been at least 8 weeks since Dose 3	Give Dose 4 (**Final Dose**) today[4]	**No additional doses needed**
				It has **not** been at least 8 weeks since Dose 3	No dose today	Give Dose 4 (**Final Dose**) at least 8 weeks after Dose 3[4]
		At least one dose was given at 12 months of age or older	→	→	No dose today	**No additional doses needed**
15 through 59 months	Unknown or 0	→	→	→	Give Dose 1 (**Final Dose**) today	**No additional doses needed**
	1	Dose 1 was given **before** 12 months of age	→	→	Give Dose 2 (**Final Dose**) today	**No additional doses needed**

1. Refer to notes of the recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for Haemophilus influenzae type b disease.
2. See separate job aid for HIB vaccination with Pedvax HIB.
3. Next dose due is not the final dose in the series unless explicitly stated.
4. Vaxelis should not be used for Dose 4.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024.
www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IF current age is	AND # of previous doses is	AND			THEN	Next dose due[3]
15 through 59 months cont.		Dose 1 was given at 12 through 14 months of age	It has been at least 8 weeks since Dose 1	→	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
			It has **not** been at least 8 weeks since Dose 1	→	No dose today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
		Dose 1 was given at 15 months of age or older	→	→	No dose today	**No additional doses needed**
	2	Dose 1 was given **before** 12 months of age	Dose 2 was given **before** 15 months of age	It has been at least 8 weeks since Dose 2	Give dose 3 (**Final Dose**) today	**No additional doses needed**
				It has **not** been at least 8 weeks since Dose 2	No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
			Dose 2 was given at 15 months of age or older	→	No dose today	**No additional doses needed**
		Dose 1 was given at 12 months of age or older	→	→	No dose today	**No additional doses needed**
	3	Dose 3 was given **before** 15 months of age	All doses were given **before** 12 months of age	→	Give Dose 4 (**Final Dose**) today[4]	**No additional doses needed**

1. Refer to notes of the recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for Haemophilus influenzae type b disease.
2. See separate job aid for HIB vaccination with Pedvax HIB.
3. Next dose due is not the final dose in the series unless explicitly stated.
4. Vaxelis should not be used for Dose 4.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IF current age is	AND # of previous doses is	AND			THEN	Next dose due[3]
15 through 59 months cont.	3 cont.	Dose 3 was given **before** 15 months of age cont.	At least one dose was given at 12 months of age or older	→	No dose today	**No additional doses needed**
		Dose 3 was given at 15 months of age or older	→	→	No dose today	**No additional doses needed**

1. Refer to notes of the recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for Haemophilus influenzae type b disease.
2. See separate job aid for HIB vaccination with Pedvax HIB.
3. Next dose due is not the final dose in the series unless explicitly stated.
4. Vaxelis should not be used for Dose 4.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024.
www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Catch-Up Guidance for Healthy[1] Children 4 Months through 4 Years of Age Haemophilus influenzae type b Vaccines: PedvaxHIB vaccine only

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html.

IF current age is	AND # of previous doses is	AND		THEN	Next Dose Due[2]
4 through 6 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at 12 months of age or older
		→	It has **not** been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
7 through 11 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2 **and** at 12 months of age or older
		→	It has **not** been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
12 through 14 months	0	→	→	Give Dose 1 today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
	1	Dose 1 was given **before** 12 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
			It has **not** been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
			It has **not** been 8 weeks since Dose 1	No dose today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for Haemophilus type b disease.

[2] Next dose due is not the final dose in the series unless explicitly stated.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IF current age is	AND # of previous doses is	AND			THEN	Next Dose Due[2]
12 through 14 months cont.	2	Dose 1 was given **before** 12 months of age	It has been at least 8 weeks since Dose 2		Give dose 3 (**Final Dose**) today	**No additional doses needed**
			It has **not** been 8 weeks since Dose 2		No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	→		No dose today	**No additional doses needed**
15 through 59 months	0	→	→	→	Give Dose 1 (**Final Dose**) today	No additional doses needed
	1	Dose 1 was given **before** 12 months of age	→	→	Give dose 2 (**Final Dose**) today	No additional doses needed
		Dose 1 was given at 12 through 14 months of age	It has been at least 8 weeks since Dose 1	→	Give dose 2 (**Final Dose**) today	No additional doses needed
			It has **not** been 8 weeks since Dose 1	→	No dose today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
		Dose 1 was given at 15 months of age or older	→	→	No dose today	No additional doses needed
	2	Dose 1 was given **before** 12 months of age	Dose 2 was given **before** 15 months of age	It has been at least 8 weeks since Dose 2	Give dose 3 (**Final Dose**) today	No additional doses needed

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for Haemophilus type b disease.

[2] Next dose due is not the final dose in the series unless explicitly stated.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IF current age is	AND # of previous doses is	AND			THEN	Next Dose Due[2]
15 through 59 months cont.	2 cont.	Dose 1 was given **before** 12 months of age cont.	Dose 2 was given **before** 15 months of age cont.	It has **not** been 8 weeks since Dose 2	No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
			Dose 2 was given at 15 months of age or older	→	No dose today	No additional doses needed
		Dose 1 was given at 12 months or older	→	→	No dose today	No additional doses needed

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for Haemophilus type b disease.

[2] Next dose due is not the final dose in the series unless explicitly stated.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Pneumococcal Conjugate (PCV)

A child under five years of age attending an early childhood program must be immunized with the Pneumococcal vaccine, as appropriate for their age.

***Note**: The pneumococcal vaccine is not recommended after a child's 5th birthday and is therefore not required for entry into kindergarten.*

Recommended Schedule: Pneumococcal vaccine is recommended for routine administration at 2, 4, and 6 months of age, with a booster dose at 12 to 15 months. Catch-up immunization is recommended for children who may have started late or fallen behind the schedule using fewer doses, depending on their age, as seen in the tables on pages 40-41. The minimum interval between doses administered to children <12 months of age is four weeks. The minimum interval between doses administered at ≥12 months of age is eight weeks. The booster dose of PCV vaccine, following the primary series, should be administered no earlier than 12 months of age and at least eight weeks after the previous dose.

Children in my practice have started the pneumococcal vaccine series with PCV13. Now that PCV15 or PCV20 are recommended, do I need to restart the vaccination series or give additional vaccine doses to all of them?

Do not restart the series or give additional doses. The previously administered doses of PCV13 are valid. Complete the pneumococcal conjugate vaccination series with either PCV15 or PCV20 in accordance with the routine schedule.

Last reviewed: November 13, 2024

Reference: https://www.immunize.org/ask-experts/which-pneumococcal-vaccines-are-licensed-for-use-in-the-united-states/

A healthy 3-year-old child in my practice was fully vaccinated on time with PCV13. Do they need a dose of PCV15 or PCV20? No. No additional doses of pneumococcal vaccine are recommended.

For catch-up guidance on the pneumococcal conjugate vaccine (PCV) for healthy children 4 months to 4 years, see the following pages.

Pneumococcal Conjugate (PCV): Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
	PCV #1	PCV #2	PCV #3	PCV Booster					

Shaded boxes indicate the vaccine can be given during shown age range.

Catch-Up Guidance for Healthy[1] Children 4 Months through 4 Years of Age Pneumococcal Conjugate Vaccine: PCV

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html.

IF current age is	AND # of previous doses is	AND		THEN	Next dose due[2]
4 through 6 months	0 or unknown	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2
		→	It has **not** been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	→	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (**Final Dose**) at 12 months of age or older
		→	It has **not** been at least 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after dose 2
7 through 11 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	Dose 1 was given **before** 7 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2 **and** at 12 months of age or older
			It has **not** been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 7 months of age or older	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2 **and** at 12 months of age or older
			It has **not** been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for pneumococcal disease.

[2] Next dose due is not the final dose in the series unless explicitly stated.

[3] Separated by at least 8 weeks.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IF current age is	AND # of previous doses is	AND		THEN	Next dose due[2]
	2	Dose 2 was given **before** 7 months of age	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (**Final Dose**) at least 8 weeks after Dose 3 **and** at 12 months of age or older
			It has **not** been 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2
		Dose 2 was given at 7 months of age or older	→	No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2 **and** at 12 months of age or older
12 through 23 months	0 or unknown	→	→	Give Dose 1 today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
	1	Dose 1 was given **before** 12 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
			It has **not** been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
			It has **not** been at least 8 weeks since Dose 1	No dose today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
	2	Both doses were given **before** 12 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (**Final Dose**) today	**No additional doses needed**
			It has **not** been at least 8 weeks since Dose 2	No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
		At least one dose was given at 12 months or older	It has been at least 8 weeks since Dose 2	Give Dose 3 (**Final Dose**) today	**No additional doses needed**
			It has **not** been at least 8 weeks since Dose 2	No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
		Both doses were given at 12 months or older[3]	→	No dose today	**No additional doses needed**

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for pneumococcal disease.

[2] Next dose due is not the final dose in the series unless explicitly stated.

[3] Separated by at least 8 weeks.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IF current age is	AND # of previous doses is	AND			THEN	Next dose due[2]
	3	All doses were given **before** 12 months of age	It has been at least 8 weeks since Dose 3		Give Dose 4 (**Final Dose**) today	**No additional doses needed**
			It has **not** been at least 8 weeks since Dose 3		No dose today	Give Dose 4 (**Final Dose**) at least 8 weeks after Dose 3
		1 or more doses were given at 12 months of age or older	→		No dose today	**No additional doses needed**
24 through 59 months	0	→	→	→	Give Dose 1 (**Final Dose**) today	**No additional doses needed**
	1	Dose 1 was given **before** 1st birthday	→	→	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
		Dose 1 was given **after** 1st birthday	Dose 1 was given **before** 2nd birthday	It has been at least 8 weeks since Dose 1	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
				It has **not** been at least 8 weeks since Dose 1	No dose today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
			Dose 1 was given **after** 2nd birthday	→	No dose today	**No additional doses needed**
	2	Dose 1 was given **before** 12 months of age	Dose 2 was given **before** 1st birthday	→	Give Dose 3 (**Final Dose**) today	**No additional doses needed**

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for pneumococcal disease.

[2] Next dose due is not the final dose in the series unless explicitly stated.

[3] Separated by at least 8 weeks.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IF current age is	AND # of previous doses is	AND			THEN	Next dose due[2]
24 through 59 months cont.	2 cont.	Dose 1 was given **before** 12 months of age cont.	Dose 2 was given **after** 1st birthday	Dose 2 was given **before** 2nd birthday	Give Dose 3 (**Final Dose**) today	**No additional doses needed**
				Dose 2 was given **after** 2nd birthday	No dose today	**No additional doses needed**
		Dose 1 was given **after** 12 months of age	→	→	No dose today	**No additional doses needed**
	3	All 3 doses were given **before** 12 months of age	→	→	Give Dose 4 (**Final Dose**) today	**No additional doses needed**
		1 or more doses were given at 12 months or older	→	→	No dose today	**No additional doses needed**

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024, for immunization guidance for children at increased risk for pneumococcal disease.

[2] Next dose due is not the final dose in the series unless explicitly stated.

[3] Separated by at least 8 weeks.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Hepatitis A

A student enrolling in a Utah early childhood program or in kindergarten through 12th grade must be immunized with the Hepatitis A vaccine*.

School Entry: Two doses of the Hepatitis A vaccine are required for entry into kindergarten through 12th grade. The first dose must be administered **on** or **after** the student's first birthday. The second dose must be given at least six months after the first dose.

Early Childhood Program Entry: * A child 12 months of age or older attending an early childhood program must be immunized with the Hepatitis A vaccine. The first dose must be administered **on** or **after** a child's first birthday. The second dose must be administered a minimum of six months after the first dose.

Hepatitis A: Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				Hepatitis A #1 & 2					

Shaded boxes indicate the vaccine can be given during shown age range.

Hepatitis B

A student enrolling in a Utah early childhood program* or in kindergarten through 12th grade must be immunized with the Hepatitis A vaccine*.

Three doses of the Hepatitis B vaccine are required for entry into kindergarten through twelfth grade. The first two doses must be administered a minimum of four weeks apart. The final (third or fourth) dose must be administered according to the following three conditions. All three conditions **MUST** be met.

a. The student (child) is/was a minimum of 24 weeks of age
b. The minimum interval between dose two and three must be at least eight weeks; and
c. The minimum interval between dose one and dose three (final dose) must be at least 16 weeks.

Condition a must be met before b and c.

Early Childhood Program Entry: * children enrolled in early childhood programs must be immunized with the hepatitis B vaccine according to their appropriate age. The number of doses required varies by a child's age and how long ago they were vaccinated.

Hepatitis B: Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
Hepatitis B #1									
	Hepatitis B #2		Hepatitis B #3						

Shaded boxes indicate the vaccine can be given during shown age range.

Meningococcal

A student enrolling in grades 7 through 12 in Utah must receive a dose of the Meningococcal Conjugate vaccine.

School Entry: One dose of the Meningococcal Conjugate vaccine is required for students entering grades 7 through 12.

Note: Only a Meningococcal Conjugate vaccine given on or after 10 years of age is acceptable for entry into grades 7 through 12.

Meningococcal Conjugate: Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
									Meningococcal

Shaded boxes indicate the vaccine can be given during shown age range.

Tetanus-diphtheria-acellular pertussis (Tdap)

A student enrolling in grades 7 through 12 in Utah must receive a dose of the Tdap vaccine.

Note: Only a Tdap vaccine given on or after 10 years of age is acceptable for entry into grades 7 through 12.

Note: A student must provide proof of previously receiving five doses of the DTaP vaccine or four doses if dose 4 was administered at age 4 years or older and at least six months after dose 3. A student who has never been vaccinated with the DTaP vaccine or who was not fully vaccinated with the DTaP vaccine as provided by Subsection R396-100-3(1)(f), must be immunized with the appropriate number of doses of Tetanus, Diphtheria (Td) or Tdap vaccine in accordance with the catch-up immunization schedule for children and adolescents who start late or who are more than one month behind.

Tetanus-diphtheria-acellular pertussis (Tdap): Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
									Tdap

Shaded boxes indicate the vaccine can be given during shown age range.

SCHOOL ENTRY REQUIREMENTS FOR GRADES K-12

The following vaccines are required for students enrolling in kindergarten through sixth grade:

- 5 doses of DTaP*
- 4 doses of Polio**
- 2 doses of Measles, Mumps, Rubella (MMR)
- 3 doses of Hepatitis B
- 2 doses of Hepatitis A
- 2 doses of Varicella (Chickenpox)

The following vaccines are required for students enrolling seventh through twelfth grade:

- 1 dose of Tdap – Only a Tdap vaccine given on or after 10 years of age is acceptable for entry into grades 7 through 12
- 3 doses of Hepatitis B
- 2 doses Hepatitis A
- 2 doses of MMR
- 2 doses of Varicella (Chickenpox)
- 1 dose of meningococcal Conjugate – Only a Meningococcal Conjugate vaccine given on or after 10 years of age is acceptable for entry into grades 7 through 12.
- 4 doses of Polio**
- 5 doses of DTaP vaccine (or four doses if the fourth dose was given on or after the fourth birthday and at least six months after the third dose), or the appropriate number of Tetanus, Diphtheria (Td) or Tdap doses if not fully vaccinated, in accordance with the catch-up Immunization schedule for children and adolescents who start late or are more than one month behind.

Note: Proof of immunity to disease can be accepted in place of vaccination only for measles, mumps, rubella, varicella, or hepatitis A. If a student has immunity to a disease ***due to a previous infection***, an immunity document from a healthcare provider must be provided to the school. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the student does not need the MMR, varicella, or hepatitis A vaccines.

***DTaP – Only four doses are required if the fourth dose was administered on or after the fourth birthday.**

****Polio – Only three doses are required if third dose was administered on or after the fourth birthday.**

IMMUNIZATION REQUIREMENTS FOR SCHOOLS ONLY

Beginning with the 1999-2000 school year, Hepatitis B became a requirement for kindergarten entry. Beginning with the 2002-2003 school year, Hepatitis A and Varicella became requirements for kindergarten entry. Beginning with the 2006-2007 school year, Hepatitis B, Tetanus/Diphtheria booster (Td), and Varicella became requirements for seventh grade entry. Beginning with the 2007-2008 school year, Tetanus/Diphtheria/Pertussis (Tdap) became a requirement for the seventh-grade booster dose. Beginning with the 2015-2016 school year one dose of Meningococcal conjugate vaccine became a requirement for the seventh-grade entry, and two doses of Varicella vaccine became a requirement for seventh grade entry and kindergarten entry.

Beginning with the 2025-2026 school year, the following vaccines will be required for students entering kindergarten through sixth grade:

- 5 doses of DTaP
- 4 doses of Polio
- 2 doses of Measles, Mumps, Rubella (MMR)
- 3 doses of Hepatitis B
- 2 doses of Hepatitis A
- 2 doses of Varicella (Chickenpox)

Beginning with the 2025-2026 school year, the following vaccines will be required for students entering seventh through twelfth grade:

- 1 dose of Tdap – Only a Tdap vaccine given on or after 10 years of age is acceptable for school entry
- 3 doses of Hepatitis B
- 2 doses of Hepatitis A
- 2 doses of Varicella (Chickenpox)
- 2 doses of MMR
- 1 dose of Meningococcal Conjugate – Only a Meningococcal Conjugate vaccine given on or after 10 years of age is acceptable for school entry.
- 4 doses of polio

Students must provide proof of previously receiving five doses of the DTaP vaccine or four doses if dose 4 was administered at age 4 years or older and at least six months after dose 3. A student who has never been vaccinated with the DTaP vaccine or who was not fully vaccinated with the DTaP vaccine as provided by Subsection R396-100-3(1)(f), must be immunized with the appropriate number of doses of Tetanus, Diphtheria (Td) or Tdap vaccine in accordance with the catch-up Immunization schedule for children and adolescents who start late or who are more than one month behind.

Proof of immunity to disease can be accepted in place of vaccination only for measles, mumps, rubella, varicella, or hepatitis A. If a student has immunity to a disease due to a previous infection, an immunity document from a healthcare provider must be provided to the school. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the student does not need the MMR, varicella, or hepatitis A vaccines.

EARLY CHILDHOOD PROGRAM REQUIREMENTS

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

- Diphtheria, Tetanus, acellular Pertussis (DTaP
- Measles, Mumps, Rubella (MMR)
- Polio
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Varicella (Chickenpox)
- Pneumococcal Conjugate (PCV)

Note: Proof of immunity to disease can be accepted in place of vaccination only for measles, mumps, rubella, varicella, or hepatitis A. If a child has immunity to a disease due to a previous infection, an immunity document from a healthcare provider must be provided to the school. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the child does not need the MMR, varicella, or hepatitis A vaccines.

MINIMUM AGE AND MINIMUM INTERVALS

The timing and spacing of vaccine doses are two of the most important considerations in the appropriate use of vaccines. An accelerated vaccine schedule may be necessary for children who have fallen behind schedule and need to be brough t up-to-date quickly. However, accelerated schedules should not be used routinely.

A "minimum interval" refers to the shortest allowable time between doses of a vaccine series, during which an adequate immune response to the second dose can be expected.

An accelerated immunization schedule is used when a person needs to be vaccinated more quickly than the recommended schedule allows. This can be necessary in specific circumstances, such as catching up when someone has fallen behind on their vaccinations and requires rapid protection. Accelerated schedules can be used as long as the minimum ages and intervals between doses are observed. Once the person is back on schedule, they should resume the recommended vaccination schedule.

An extensive listing of recommended and minimum intervals and ages for vaccination can be found in the ACIP "General Best Practices Guidelines for Immunization", available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#, (Table 3-2).

Vaccine doses should not be administered at intervals shorter than the minimum interval or earlier than the minimum ages listed in the table on the following page.

MINIMUM AGE AND MINIMUM INTERVALS TABLE

VACCINE	Minimum AGE Dose 1	Minimum INTERVAL Dose 1 to 2	Minimum INTERVAL Dose 2 to 3	Minimum INTERVAL Dose 3 to 4	Minimum INTERVAL Dose 4 to 5
DTaP/DTP/DT	**6 weeks**	**4 weeks**	**4 weeks**	**6 months** *NOTE: For auditing purposes only, dose 4 need not be repeated if given at least 4 months after dose 3.*	**6 months**
Polio	**6 weeks**	**4 weeks**	**4 weeks**	**6 months** *(final dose must be given on or after the fourth birthday AND 6 months from the previous dose)*	
MMR	**12 months**	**4 weeks**	*If the first dose of MMR is given before the first birthday, it must be repeated.*		
Hepatitis B	**Birth**	**4 weeks**	**8 weeks** (child must be at least 24 weeks of age)	*There must be 16 weeks between dose 1 and 3.*	
Hib	6 weeks	**4 weeks** If first dose given at <12 months **8 weeks (as final dose)** If first dose given at 12-14 months **No further doses needed** if first dose given at ≥15 months	**4 weeks** If current age <12 months **8 weeks (as final dose)** If current age ≥12 months and second dose given at <15 months **No further doses needed** if first dose given at ≥15 months	**8 weeks (as final dose)** This dose only necessary for children aged 12 months-5 years who received 3 doses before 12 months. Last dose should not be given earlier than 12 months and a minimum of 8 weeks after previous dose.	***Note**: Schedule may vary according to child's current age and previous number of doses received.*
Varicella (Chickenpox)	**12 months**	**3 months** (Children >13 years of age	*If the first dose of varicella is given before the first birthday, it must be repeated.*		

		need 2 doses, 4 weeks apart.)			
Hepatitis A	**12 months**	**6 months**			
Pneumococcal Conjugate (PCV)	6 weeks	**4 weeks** If first dose given at <12 months **8 weeks (as final dose)** If first dose given at ≥12 months or current age 24-59 months **No further doses needed** for healthy children if first dose given at ≥24 months	**4 weeks** If current age <12 months **8 weeks (as final dose)** If current age ≥12 months **No further doses needed** for healthy children if previous dose was given at ≥24 months	**8 weeks (as final dose)** This dose necessary for children age 12 months-5 years who received 3 doses before age 12 months.	***Note**: One supplemental dose of Prevnar 13 vaccine is recommended for healthy children 14-59 months of age who have completed the 4-dose series with Prevnar 7 AND children with underlying medical conditions through 71 months of age.* *Schedule may vary according to child's current age and previous number of doses received.*
Tetanus /Diphtheria/ Pertussis (Tdap)	A single dose of Tdap is recommended at 11-12 years of age, regardless of interval since the last tetanus/diphtheria-containing vaccine. Td or Tdap boosters should be administered every ten years thereafter.				
Meningococcal Conjugate	**11-12 years**	**8 weeks**			

DUE DATES

Each year, the Utah department of Health and Human Services collaborates with the Utah State Board of Education (USBE) as required by Utah Statutory Code 53G-9-305(2)(b) to collect immunization data on currently enrolled students from all public, private, and parochial schools.

Each school is required to submit data regarding the immunization status of all children currently enrolled. These reports reflect the current requirements in accordance with CDC guidelines. **All reports must be completed online**. The Utah Department of Health and Human Services will prescribe the information needed for each of the listed reports and instructions for completion.

THE DUE DATES ARE AS FOLLOWS:

JANUARY 30 OF EACH YEAR:

- *KINDERGARTEN SUMMARY REPORT* – Statistical report of the immunization status of all kindergarten students.
- *TWO DOSE MMR REPORT* – Statistical report of the two-dose Measles, Mumps, and Rubella immunization status of all students kindergarten through grade 12.
- *SEVENTH GRADE SUMMARY REPORT* – Statistical report of the Hepatitis B, Tdap, MMR, and Varicella status of all seventh grade students.
- *EARLY CHILDHOOD PROGRAM REPORT* – Statistical report of the immunization status of all children enrolled in a licensed day care center and Head Start Program.

OTHER REQUIREMENTS

- *YEAR-END REPORTS* – ***DUE JUNE 15TH of each year*** – public and charter schools that report students as "conditional admission" or "out-of-compliance" on the November report and will be required to submit a year-end report. This report will track those students to determine if they were immunized by the end of the school year. The Utah Immunization Program will collect the information and submit it to the Utah State Board of Education (USBE) to determine weighted pupil unit funds for each public school district in accordance with USBE policies and Utah Statutory Code (Section 53G-9-302).
- *AUDITS* – Periodic audits of schools and/or early childhood programs may be conducted by local or state health department representatives for record review to ensure children meet the immunization requirements. The goal of these audits is to assure adequate protection of Utah's children while improving immunization procedures. A major emphasis of these visits is to provide assistance in solving any problems.

APPENDICES

APPENDIX A – Page 44

Utah Statutory Code – Title 53G – Chapter 9 – Part 3 Immunization Requirements
Utah Immunization Rule for Students (R396-100)

APPENDIX B – Page 59

Frequently Asked Questions

- Admission/Entry
- Exemptions
- Immunization Record Review
- Compliance Issues
- Resources

APPENDIX C – Page 72

Communication with Parents

- Early Childhood Program Immunization Requirements
- English Exclusion Notice for Inadequate Immunizations
- Spanish Exclusion Notice for Inadequate Immunizations
- English “30-Day Conditional Enrollment Notice”
- Spanish “30-Day Conditional Enrollment Notice”

APPENDIX D – Page 78

Common Vaccine Names

APPENDIX E – Page 81

Sample Utah Immunization Program Forms

- Sample Exemption Form
- Sample Utah School Immunization Record (USIR) card

UTAH STATUTORY CODE

Utah Code – Statutes and Constitution
Title 53 G – Public Education System – Local Administration
Chapter 9 – Health and Welfare
Part 3 – Immunization Requirements
Section 301 Definitions
Section 53G-9-301 Definitions

As used in this part:

1. "Department" means the Department of Health and Human Services created in Section 26B-1-201.
2. "Health official" means an individual designated by a local health department from within the local health department to consult and counsel parents and licensed health care providers, in accordance with Subsection 53G-9-304(2)(a).
3. "Health official designee" means a licensed health care provider designated by a local health department, in accordance with Subsection 53G-9-304(2)(b), to consult with parents, licensed health care professionals, and school officials.
4. "Immunization" or "immunize" means a process through which an individual develops an immunity to a disease, through vaccination or natural exposure to the disease.
5. "Immunization record" means a record relating to a student that includes:
    a) Information regarding each required vaccination that the student has reviewed, including the date each vaccine was administered, verified by:
        i. A licensed healthcare provider;
        ii. An authorized representative of a local health department;
        iii. A registered nurse; or
        iv. A pharmacist;
    b) Information regarding each disease against which the student has been immunized by previously contracting the disease; and
    c) An exemption form identifying each required vaccination from which the student is exempt, including all required supporting documentation described in Section 53G-9-303.
6. "Legally responsible individual" means:
    a. A student's parent;
    b. The student's legal guardian;
    c. An adult brother or sister of a student who has no legal guardian; or
    d. The student, if the student:
        i. Is an adult; or
        ii. Is a minor who may consent to treatment under Section 26B-4-321.
7. "Licensed healthcare provider" means a healthcare provider who is licensed under Title 58, Occupations and Professions, as
    a. A medical doctor;
    b. An osteopathic doctor;
    c. A physician assistant; or
    d. An advanced practice registered nurse

8. “Local health department" means the same as that term is defined in Section 26A-1-102.
9. "Required vaccines" means vaccines required by department rule described in Section 53G-9-305.
10. a. "School" means any public or private:
    i. elementary or secondary school through grade 12;
    ii. preschool;
    iii. child care program, as that term is defined in Section 26B-2-401;
    iv. nursery school; or
    v. kindergarten.
    b. “School” does not include a:
    i. home school;
    ii. home-based microschool; or
    iii. micro-education entity.
11. "Student" means an individual who attends a school.
12. “Vaccinating” or "vaccination" means the administration of a vaccine.
13. "Vaccination exemption form" means a form, described in Section 53G-9-304, that documents and verifies that a student is exempt from the requirement to receive one or more required vaccines.
14. "Vaccine" means the substance licensed for use by the United States Food and Drug Administration that is injected into or otherwise administered to an individual to immunize the individual against a communicable disease.

Amended by Chapter 464, 2024 General Session

Effective 5/1/2024

53G-9-302. Immunization required-- Exception-- Weighted pupil unit funding.

1. A student may not attend a school unless:
    a. the school receives an immunization record from the legally responsible individual of the student, the student's former school, or a statewide registry that shows:
        i. that the student has received each vaccination required by the department under Section 53G-9-305; or
        ii. for any required vaccination that the student has not received, that the student:
            A. has immunity against the disease for which the vaccination is required, because the student previously contracted the disease as documented by a health care provider, as that term is defined in Section 78B-3-103; or
            B. is exempt from receiving the vaccination under Section 53G-9-303;
    b. the student qualifies for conditional enrollment under Section 53G-9-308; or
    c. the student:
        i. is a student, as defined in Section 53E-3-903;
        ii. complies with the immunization requirements for military children under Section 53E-3-905.
2. An LEA may not receive weighted pupil unit money for a student who is not permitted to attend school under Subsection (1).

Effective 7/1/2018

53G-9-303. Grounds for exemption from required vaccines - Renewal. (Effective 5/7/2025)

1. A student is exempt from the requirement to receive a vaccine required under Section 53G-9-305 if the student qualifies for a medical or personal exemption from the vaccination under Subsection (2) or (3).
2. A student qualifies for a medical exemption from a vaccination required under Section 53G-9-305 if the student's legally responsible individual provides to the student's school:
    a. a completed vaccination exemption form; and
    b. a written notice signed by a licensed health care provider stating that, due to the physical condition of the student, administration of the vaccine would endanger the student's life or health.
3. A student qualifies for a personal exemption from a vaccination required under Section 53G-9-305 if the student's legally responsible individual provides to the student's school a completed vaccination exemption form, stating that the student is exempt from the vaccination because of a personal or religious belief.
4. A vaccination exemption form that an individual submits under this section remains:
    a. valid for as long as the student remains enrolled in the public education system; and
    b. part of the student's permanent school record, including if the student transfers schools, in accordance with Section 53G-9-306.
5. An LEA that offers both remote and in-person learning options may not deny a student who is exempt from a requirement to receive a vaccine under Subsection (1) to participate in an in-person learning option based upon the student's vaccination status.
6. Nothing in this section restricts a state or local health department from acting under applicable law to contain the spread of an infectious disease.

Effective 5/7/2025

53G-9-304. Vaccination exemption form.

1. The department shall:
    a. develop a vaccination exemption form that includes only the following information:
        i. identifying information regarding:
    A. the student to whom an exemption applies; and
    B. the legally responsible individual who claims the exemption for the student and signs the vaccination exemption form;
        ii. an indication regarding the vaccines to which the exemption relates;
        iii. a statement that the claimed exemption is for:
    A. a medical reason; or
    B. a personal or religious belief; and
        iv. an explanation of the requirements, in the event of an outbreak of a disease for which a required vaccine exists, for a student who:
    A. has not received the required vaccine; and
    B. is not otherwise immune from the disease; and
    b. provide the vaccination exemption form created in this Subsection to local health departments.
2. a. Each local health department shall designate one or more individuals from within the local health department as a health official to consult, regarding the requirements of this part, with:
        i. parents, upon the request of parents;
        ii. school principals and administrators; and
        iii. licensed health care providers.
    b. A local health department may designate a licensed health care provider as a health official designee to provide the services described in Subsection (2)(a).
3. a. To receive a vaccination exemption form described in Subsection (1), a legally responsible individual shall complete the online education module described in Section 26B-7-118, permitting an individual to:
        i. complete any requirements online; and
        ii. download and print the vaccine exemption form immediately upon completion of the requirements.
    b. A legally responsible individual may decline to take the online education module and obtain a vaccination exemption form from a local health department if the individual:
        i. requests and receives an in-person consultation at a local health department from a health official or a health official designee regarding the requirements of this part; and
        ii. pays any fees established under Subsection (4)(b).
4. a. Neither the department nor any other person may charge a fee for the exemption form offered through the online education module in Subsection (3)(a).
    b. A local health department may establish a fee of up to $25 to cover the costs of providing an in-person consultation.

Effective 5/3/2023

53G-9-305. Regulations of department.

1. In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department shall make rules regarding:
    a. which vaccines are required as a condition of attending school;
    b. the manner and frequency of the vaccinations; and
    c. the vaccination exemption form described in Section 53G-9-304.
2. The department shall ensure that the rules described in Subsection (1):
    a. conform to recognized standard medical practices; and
    b. require schools to report to the department statistical information and names of students who are not in compliance with Section 53G-9-302.

2018

53G-9-306. Immunization record part of student's record -- School review process at enrollment -- Transfer. (Effective 5/7/2025)

1. Each school:
    a. shall request an immunization record for each student at the time the student enrolls in the school;
    b. may not charge a fee related to receiving or reviewing an immunization record or a vaccination exemption form; and
    c. shall retain an immunization record for each enrolled student as part of the student's permanent school record.

2. (a) Within five business days after the day on which a student enrolls in a school, an individual designated by the school principal or administrator shall:
    i. determine whether the school has received an immunization record for the student;
    ii. review the student's immunization record to determine whether the record complies with Subsection 53G-9-302 (1); and
    iii. identify any deficiencies in the student's immunization record.

    b. If the school has not received a student's immunization record or there are deficiencies in the immunization record, the school shall:
        i. place the student on conditional enrollment, in accordance with Section 53G-9-308; and
        ii. within five days after the day on which the school places the student on conditional enrollment, provide the notice described in Subsection 53G-9-308(3).

3. A school from which a student transfers shall provide the student's immunization record to the student's new school
    a. upon request of the student's legally responsible individual; or
    b. if the school has not transferred the record upon a request under Subsection (3)(a), when the school transfers any of the student's records to the new school.

Effective 5/7/2025

53G-9-308. Conditional enrollment -- Suspension for noncompliance -- Procedure.

1. As used in this section:
   a. "Enroller" means the same as that term is defined in Section 53G-6-603
   b. "Newcomer student" means the same as that term is defined in Section 53E-3-524.
   c. "Social service provider" means the same as that term is defined in Section 53E-3-524.

2. A student for whom a school has not received a complete immunization record may attend the school on a conditional enrollment:
   a. during the period in which the student's immunization record is under review by the school; or
   b. for 30 calendar days after the day on which the school provides the notice described in Subsection (3).

3. (a) Within five days after the day on which a school places a student on conditional enrollment, the school shall provide notice to the enroller that:
      i. the school has placed the student on conditional enrollment for failure to comply with the requirements of Subsection 53G-9-302(1);
      ii. describes the identified deficiencies in the student's immunization record or states that the school has not received an immunization record for the student;
      iii. gives notice that the student will not be allowed to attend school unless the legally responsible individual cures the deficiencies, or provides an immunization record that complies with Subsection 53G-9-302(1), within the conditional enrollment period described in Subsection (2)(b); and
      iv. describes the process for obtaining a required vaccination.

   b. The school shall deliver the notice described in Subsection (3)(a):
      i. when possible, in the enroller's preferred language; and
      ii. using one of the following methods of delivery, as determined by mutual agreement between the school and the enroller:
         A. written notice delivered in person;
         B. written notice by mail;
         C. written notice by email or other electronic means; or
         D. by telephone, including voicemail.

4. A school shall remove the conditional enrollment status from a student after the school receives an immunization record for the student that complies with Subsection 53G-9-302(1).

5. Except as provided in Subsection (6), at the end of the conditional enrollment period, a school shall prohibit a student who does not comply with Subsection 53G-9-302(1) from attending the school until the student complies with Subsection 53G-9-302(1).

6. A school principal or administrator:
   a. shall grant an additional extension of the conditional enrollment period, if the extension is necessary to complete all required vaccination dosages, for a time period medically recommended to complete all required vaccination dosages; and
   b. may grant an additional extension of the conditional enrollment period in cases of extenuating circumstances, if the school principal or administrator and one of the following agree that an additional extension will likely lead to compliance with Subsection 53G-9-302(1):
      i. a school nurse;
      ii. a health official; or
      iii. a health official designee, including:

A. a social service provider; or
B. a culturally competent and trauma-informed community representative.

7. For purposes of Subsection (6), a newcomer student enrolling in a school for the first time is an extenuating circumstance.

Effective 5/4/2022

53G-9-309. School record of students' immunization status -- Confidentiality.

1. Each school shall maintain a current list of all enrolled students, noting each student:
   a. for whom the school has received a valid and complete immunization record;
   b. who is exempt from receiving a required vaccine; and
   c. who is allowed to attend school under Section 53G-9-308.

2. (2) Each school shall ensure that the list described in Subsection (1) specifically identifies each disease against which a student is not immunized.

3. Upon the request of an official from a local health department in the case of a disease outbreak, a school principal or administrator shall:
   a. notify the legally responsible individual of any student who is not immune to the outbreak disease, providing information regarding steps the legally responsible individual may take to protect students;
   b. identify each student who is not immune to the outbreak disease; and
   c. for a period determined by the local health department not to exceed the duration of the disease outbreak, do one of the following at the discretion of the school principal or administrator after obtaining approval from the local health department:
      i. provide a separate educational environment for the students described in Subsection (3)(b) that ensures the protection of the students described in Subsection (3)(b) as well as the protection of the remainder of the student body; or
      ii. prevent each student described in Subsection (3)(b) from attending school.

4. A name appearing on the list described in Subsection (1) is subject to confidentiality requirements described in Section 26B-1-212 and Section 53E-9-202.

Effective 7/1/2022

53E-3-524. Newcomer student and foreign exchange student transcript repository.

1. As used in this section:
   a. "Newcomer student" means a student who:
      i. is three through 21 years old;
      ii. was not born in any state; and
      iii. has not attended one or more schools in one or more states for more than three full academic years.
   b. "Qualified social service provider" means a social service provider that works directly with a student's family.
   c. "Repository" means the online transcript repository described in Subsection (2).
   d. "Social service provider" means:
      i. one of the following professionals, licensed to practice under Section 58-60-205:
         A. a clinical social worker;
         B. a certified social worker; or
         C. a social service worker; or
      ii. staff employed to provide direct support to a professional described in Subsection (1)(d)(i).

e. "State" means:
    i. a state of the United States;
    ii. the District of Columbia; or
    iii. the Commonwealth of Puerto Rico.
f. "Student" means an individual who is enrolled in:
    i. a public school within the state of Utah; and
    ii. any grade from kindergarten through grade 12.
g. (i)"Transcript" means documentation of a newcomer student's or foreign exchange student's prior educational experience.
    i. "Transcript" includes oral representations about prior educational experience that a school or an LEA documents.

2. On or before July 1, 2024, the state board shall establish and maintain, as part of the Utah school information management system described in Section 53E-3-518, an online repository for transcripts.

3. The state board shall:

a. ensure that the repository provides a central location for:
    i. an LEA to upload transcripts; and
    ii. LEAs and qualified service providers to share information regarding transcripts, including:
        A. best practices for linguistic interpretation;
        B. interpretation of educational experiences; and
        C. placement of newcomer students;
b. ensure that use of the repository:
    i. is voluntary; and
    ii. complies with all state and federal student privacy requirements, including:
        A. Title 53E, Chapter 9, Student Privacy and Data Protection; and
        B. the Family Educational Rights and Privacy Act, 20 U.S.C. Sec. 1232g;
c. provide the repository at no cost to LEAs;
d. provide access to the repository to qualified social service providers;
e. establish appropriate access protocols in coordination with LEAs and qualified social service providers; and
f. annually, before the school enrollment period begins, provide notice of the repository to interested parties that the state board designates in state board rule.

4. The state board shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement this section, including rules:

a. establishing procedures:
    i. to protect student data related to the repository in compliance with Title 53E, Chapter 9, Student Privacy and Data Protection; and
    ii. for the use of the repository by the state board, LEAs, and qualified social service providers;
b. requiring repository users to enter into a data sharing agreement; and
c. designating the interested parties described in Subsection (3)(f).

Effective 5/3/2023

Title 53E - Public Education System -- State Administration
Chapter 3 - State Board of Education Organization, Powers, and Duties
Part 9 - Interstate Compact on Educational Opportunity for Military Children
Section 905 Article IV -- Educational records and enrollment -- Immunizations -- Grade level entrance.

53E-3-905. Article IV — Educational records and enrollment — Immunizations — Grade level entrance.

1. Unofficial or "hand-carried" education records. In the event that official education records cannot be released to the parents for the purpose of transfer, the custodian of the records in the sending state shall prepare and furnish to the parent a complete set of unofficial educational records containing uniform information as determined by the Interstate Commission. Upon receipt of the unofficial education records by a school in the receiving state, the school shall enroll and appropriately place the student based on the information provided in the unofficial records pending validation by the official records, as quickly as possible.
2. Official education records or transcripts. Simultaneous with the enrollment and conditional placement of the student, the school in the receiving state shall request the student's official education record from the school in the sending state. Upon receipt of this request, the school in the sending state will process and furnish the official education records to the school in the receiving state within 10 days or within such time as is reasonably determined under the rules promulgated by the Interstate Commission.
3. 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.
4. Kindergarten and First grade entrance age. Students shall be allowed to continue their enrollment at grade level in the receiving state commensurate with their grade level, including Kindergarten, from a local education agency in the sending state at the time of transition, regardless of age. A student that has satisfactorily completed the prerequisite grade level in the local education agency in the sending state shall be eligible for enrollment in the next highest grade level in the receiving state, regardless of age. Students transferring after the start of the school year in the receiving state shall enter the school in the receiving state on their validated level from an accredited school in the sending state.

Renumbered and Amended by Chapter 1, 2018 General Session
Effective 1/24/2018

R396. Health and Human Services, Disease Control and Prevention, Immunization.

R396-100. Immunization Rule for Students.

R396-100-1. Purpose and Authority.

1. This rule implements the immunization requirements of Title 53G, Chapter 9, Part 3 Immunization Requirements. It establishes minimum immunization requirements for attendance at a public, private, elementary, or secondary school through grade 12, nursery school or Kindergarten, licensed day care center, child care facility, family home care, or Head Start program in this state. It establishes:
    a. required doses and frequency of vaccine administration;
    b. reporting of statistical data; and
    c. time periods for conditional enrollment.
2. Section 53G-9-305 authorizes this rule.

R396-100-2. Definitions. The definitions in Section 53G-9-301 apply to this rule. In addition, as used in this rule:

1. "Department" means the Utah Department of Health and Human Services created in Section 26B1-201.
2. "Early Childhood Program" means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.
3. "Exemption" means a relief from the statutory immunization requirements by qualifying under Section 53G-9-303.

R396-100-3. Required Immunizations.

1. A student enrolling in kindergarten through sixth grade shall be immunized in accordance with the Advisory Committee on Immunization Practices (ACIP) Recommendations, as listed in Subsection R396100-3(4), before school entry for the following vaccines and doses:
    a. Measles, Mumps, Rubella (MMR)-2 doses;
    b. Varicella-2 doses;
    c. Hepatitis B-3 doses;
    d. Polio-4 doses, dose number 4 is not necessary if dose 3 was administered at age 4 years or older and at least 6 months after the previous dose;
    e. Hepatitis A-2 doses; and
    f. Diphtheria, Tetanus, and Pertussis (DTaP)- 5 doses, dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
2. (a) A student enrolling in seventh through twelfth grade:
    b. Must be immunized in accordance with the ACIP Recommendations, as listed in Subsection R396-1003(4), before school entry for the following vaccines and doses:
        i. Tetanus, Diphtheria, and acellular Pertussis (Tdap)- One dose;
        ii. Measles, Mumps, Rubella (MMR)- 2 doses;
        iii. Varicella– 2doses;
        iv. Hepatitis B-3 doses;
        v. Polio– 4 doses, dose 4 is not necessary if dose 3 was administered at age 4 years or older and at least 6 months after the previous dose;
        vi. Hepatitis A-2 doses; and
        vii. Meningococcal Conjugate Vaccine– One dose.

b. Must provide proof of previously receiving five doses of DTaP vaccine or 4 doses if dose 4 was administered at age 4 years or older and at least 6 months after dose 3. A student who has never been vaccinated with DTaP vaccine or who was not fully vaccinated with DTaP vaccine as provided by Subsection R396-100-3(1)(f), must be immunized with the appropriate number of doses of Tetanus, Diphtheria (Td) or Tdap vaccine in accordance with the catch-up Immunization schedule for children and adolescents who start late or who are more than one month behind.

3. To attend a Utah early childhood program, a student must meet the minimum immunization requirements of the ACIP listed in Subsection R396-100-3(4) for the following antigens:
   a. Diphtheria;
   b. Tetanus;
   c. Pertussis;
   d. Polio;
   e. Measles;
   f. Mumps;
   g. Rubella;
   h. Haemophilus Influenza Type b;
   i. Hepatitis A;
   j. Hepatitis B;
   k. Pneumococcal; and
   l. Varicella vaccines before school entry.

4. The vaccinations must be administered according to the recommendations of the United States Public Health Service's Advisory Committee on Immunization Practices (ACIP) which are incorporated by reference into this rule:
   a. General Recommendations on Immunization: MMWR, December 1, 2006/Vol. 55/No. RR-15;
   b. General Recommendations on Immunization: MMWR, January 28, 2011; 60(RR02):1-60;
   c. Immunization of Adolescents: MMWR, November 22, 1996/Vol. 45/No. RR-13;
   d. Combination Vaccines for Childhood Immunization: MMWR, May 14, 1999/Vol. 48/No. RR-5;
   e. Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series: Supplemental Recommendations of the Advisory Committee on Immunization Practices: MMWR November 17, 2000/Vol. 49/No. RR-13;
   f. Licensure of a Diphtheria and Tetanus Toxoids and Acellular Pertussis, Inactivated Poliovirus, Haemophilus influenzae Type b Conjugate, and Hepatitis B Vaccine, and Guidance for Use in Infants: MMWR, February 7, 2020, 69 (5);136-139;
   g. Prevention of Pertussis, Tetanus, and Diphtheria with Vaccines in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP): MMWR, April 27, 2018; 67 (2):1-44;
   h. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010: MMWR, January 14, 2011; 60(01):13-15;
   i. Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines Among Adolescents: MMWR, March 24, 2006, Vol. 55(RR03):1-49;
   j. Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices: MMWR, January 24, 2020, Vol. 69 (3);77-83;

k. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. Part 1: Immunization of Infants, Children and Adolescents: MMWR, December 23, 2005, Vol. 54(RR-16):1-39;
l. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices: MMWR, January 12, 2018; 67 (1); 1--31;
m. Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenza Type b Disease Among Infants and Children Two Months of Age and Older: MMWR, January 11, 1991/Vol. 40/No. RR-1;
n. Recommendations for Use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, and Pertussis, and Haemophilus b Vaccine: MMWR, September 17, 1993/Vol. 42/No. RR-13;
o. Prevention and Control of Haemophilus influenzae Type b Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Recommendations and Reports: MMWR, February 28, 2014; 63(RR01):1-14;
p. Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps: MMWR, June 9, 2006/Vol. 55/No. RR-22;
q. Measles, Mumps, Rubella Vaccine (PRIORIX): Recommendations of the Advisory Committee on Immunization Practices --- United States, 2022: MMWR, November 18, 2022, 71 (46); 1465-1470;
r. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013 -- Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP): MMWR, June 14, 2013; 62(RR04):1-34;
s. Use of Combination Measles, Mumps, Rubella, and Varicella Vaccine--Recommendations of the Advisory Committee on Immunization Practices: MMWR, May 7, 2010; 59(RR--3):1 -- 16;
t. Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) Regarding Routine Poliovirus Vaccination: MMWR, August 7, 2009/Vol. 58/No. 30;
u. Poliomyelitis Prevention in the United States: MMWR May 19, 2000 / Vol. 49 / No. RR-05;
v. Prevention of Varicella: MMWR, June 22, 2007/Vol. 56/No. RR-4;
w. Prevention of Hepatitis A Through Active or Passive Immunization: MMWR, May 29, 2006/Vol. 55/No. RR-7;
x. Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices: MMWR, July 3, 2020, Vol. 69 (5);1-38;
y. Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and Recommendations for Use Among Children-Advisory Committee on Immunization Practices, (ACIP), 2010: MMWR March 12, 2010/Vol. 59/No. 09;
z. Use of 15-Valent Pneumococcal Conjugate Vaccine Among U.S. Children: Updated Recommendations of the Advisory Committee on Immunization Practices-US, 2022: MMWR, September 16, 2022, 71(37);1174-1181;
aa. Preventing Pneumococcal Disease Among Infants and Young Children: MMWR October 6, 2000 /Vol. 49 / No. RR-09;
bb. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP): March 22, 2013/62(RR02);1-22;
cc. Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices: MMWR, September 25, 2020, Volume 69(9); 1--41;
dd. Licensure of a Meningococcal Conjugate Vaccine (Menveo) and Guidance for Use--Advisory Committee on Immunization Practices (ACIP), 2010: MMWR, March 12, 2010; 59(09):273; and

ee. Updated Recommendations for Use of Meningococcal Conjugate Vaccines--Advisory Committee on Immunization Practices (ACIP), 2010: MMWR, January 28, 2011; 60(03):72-76.

R396-100-4. Official Utah School Immunization Record (USIR).

1. Schools and early childhood programs shall use the official Utah School Immunization Record (USIR) form as the record of each student's immunizations. The department shall provide copies or electronic copies of the USIR to schools, early childhood programs, physicians, and local health departments upon each of their requests.
2. Each school or early childhood program shall accept an immunization record as a certificate of immunization if:
    a. it is received from a statewide registry, the student's former school, or the student's legally responsible individual;
    b. it relates to a student regarding required vaccinations that the student has received; and
    c. it includes the date each vaccine was administered, as verified by a licensed health care provider, an authorized representative of a local health department, an authorized representative of the department, a registered nurse, or a pharmacist.
3. The school or early childhood program shall transfer the following information from each certificate of immunization to the USIR:
    a. name of the student;
    b. student's date of birth;
    c. vaccine administered; and
    d. the month, day, and year each dose of vaccine was administered.

3a. Each school and early childhood program must maintain the following information in the file of each enrolled student:

i. the completed USIR for each student;
ii. an exemption form for each student claiming an exemption; and
iii. immunity documents for each student claiming previously infection with measles, mumps, rubella (MMR), varicella, or hepatitis A disease. The immunity documents must include the results of serologic testing for immunity, titer testing, and a written statement signed by a healthcare provider confirming that, based on positive laboratory test results, the student does not need to receive the MMR, varicella, or hepatitis A vaccines. Immunity through serologic testing is only acceptable and allowed for those students who were previously infected with measles, mumps, rubella, varicella, or hepatitis A.

b. The school and early childhood programs shall maintain up-to-date records of the immunization status for all students in all grades such that it can quickly exclude all non-immunized students if an outbreak occurs.
c. If a student withdraws, transfers, is promoted, or otherwise leaves school, the school or early childhood program shall either:
    i. return the USIR, any immunity documents, and any exemption form to the legally responsible individual of a student; or
    ii. transfer the USIR, any immunity documents, and any exemption form with the student's official school record to the new school or early childhood program upon the request of the student's legally responsible individual.

4. A representative of the department or the local health department may examine, audit, and verify immunization records maintained by any school or early childhood program.
5. Schools and early childhood programs may meet the record keeping requirements of this section by keeping its official school immunization records in the Utah Statewide Immunization Information System (USIIS).

R396-100-5. Exemptions.

1. A legally responsible individual of a student claiming an exemption to immunization for medical, religious, or personal reasons, as allowed by Section 53G-9-303, shall provide to the student's school or early childhood program the exemption form as set forth and required in Section 53G-9-304.
2. Also, to qualify for the exemption, the school or early childhood program shall attach the Section 26B-7118 Health Education form to the student's USIR indicating the parent received the required health education by online module or from an authorized local health authority.

R396-100-6. Reporting Requirements.

1. Each school and early childhood program shall report the following to the department in the form or format prescribed by the department:
    a. by January 30 of each year, a statistical report of the immunization status of students enrolled in a licensed day care center, Head Start program, and kindergartens;
    b. by January 30 of each year, a statistical report of the two-dose measles, mumps, and rubella immunization status of all kindergarten through twelfth grade students;
    c. by January 30 of each year, a statistical report of tetanus, diphtheria, pertussis, hepatitis B, varicella, and the two-dose measles, mumps, and rubella immunization status of all seventh-grade students; and
    d. by June 15 of each year, a statistical follow-up report of those students not appropriately immunized from the January 30 report in all public schools, kindergarten through twelfth grade.
2. The information that the department requires in the reports shall be in accordance with the Centers for Disease Control and Prevention guidelines.

R396-100-7. Conditional Enrollment, Extended Conditional Enrollment, and Exclusion.

1. A student that at the time of enrollment has not provided a school or early childhood program with a complete immunization record, as required in this rule, may attend the school or early childhood program on a conditional enrollment for:
    a. the period in which the student's immunization record is under review by the school or early childhood program; or
    b. 30 calendar days after the day the school or early childhood program provides a notice as described in Subsection 53G-9-308(3) to the enroller.
2. A school or early childhood program with conditionally and extended conditionally enrolled students shall routinely review every 30 days the immunization status of all conditionally enrolled students until each student has completed the subsequent doses and provided written documentation to the school or early childhood program.
3. Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.

R396-100-8. Exclusions of Students Who Are Under Exemption, Conditionally, or Extended Conditionally Enrolled Status.

1. A local or state health department representative may exclude a student, as authorized by Section 53G-9302, 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 from school attendance if there is good cause to believe that the student 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 as a result of school attendance.
2. An excluded student may not attend school until the local health officer is satisfied that a student is no longer at risk of contracting or transmitting a vaccine-preventable disease.
3. Schools and early childhood programs shall comply with disease outbreak management options as described in Subsection 53G-9-309(3)(c).

R396-100-9. Penalties.

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26B-1-224.

KEY: Immunization, rules and procedures
Date of Last Change: February– 25, 2024
Notice of Continuation: May 22, 2023
Authorizing, and Implemented or Interpreted Law: Title 53G Chapter 9 Part 3; 26B-7-118

ADMISSION/ENTRY

1. What records are required for school or early childhood program entry?

All children enrolled in a school or early childhood program, nursery school, or preschool must have written proof to verify the student's immunizations, exemption, or proof of immunity (history of disease). Immunization records of students must show:

1. information regarding each required vaccination that the student has received, including the date each vaccine was administered. This must be verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist;
2. immunity documents for each student claiming previous infection with measles, mumps, rubella (MMR), varicella, or hepatitis A disease. The immunity documents must include the results of serologic testing for immunity, titer testing, and a written statement signed by a healthcare provider confirming that, based on positive laboratory test results, the student does not need to receive the MMR, varicella, or hepatitis A vaccines. Immunity through serologic testing is only acceptable and allowed for those students who were previously infected with measles, mumps, rubella, varicella, or hepatitis A; and
3. a Utah vaccination exemption form identifying each required vaccination from which the student is exempt (for medical exemption, students must provide a completed vaccination exemption form and a written statement signed by a licensed healthcare provider stating that, due to the physical condition of the student, administration of the vaccine would endanger the student's life or health).

Note: Every Utah early childhood program and school student file must have a Utah School Immunization Record (USIR) on site per UT Admin Code R396-100-4 with all fields completed. 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 (exemption, proof of immunity, and have all required signatures).

2. How can a student be admitted/enrolled in a school or early childhood program conditionally?

A student who has not provided a school/early childhood program with a complete immunization record at the time of enrollment can attend the school or early childhood program on a conditional enrollment. Conditional enrollment is a period where the student's immunization record is under review by the school or for 30 calendar days after the day a school or early childhood program provides a notice to a student's legally responsible individual. The notice must the identified deficiencies or states that the school/early childhood program has not received an immunization record for the student and requests the required immunizations to be provided to school within the conditional enrollment period to avoid exclusion. Students who do not comply at the end of the conditional enrollment period must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to the school/early childhood program.

3. Are transfer students required to provide immunization documentation at the time of enrollment to a new school?

Yes. All children transferring from one Utah school to another or from schools outside Utah to a Utah school are required to provide the new school with the appropriate immunization information. Please exercise sound judgment when working with other schools to ensure immunization records are transferred in a timely manner.

4. What about homeless students?

Homeless students are like any other student in your school. See the McKinney-Vento Homeless Assistance Act (re-authorized Dec. 2015):

- 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)

Please work closely with your school district's liaison and use your best judgment to ensure these students receive the education they are entitled to and the necessary immunizations to protect them from vaccine preventable diseases. Collaboration will continue with the Utah State Office of Education to ensure school districts do not have weighted pupil units withheld for homeless students if there have been concerted efforts to obtain immunizations or immunization records for them. Many of these homeless students have no insurance and are eligible to receive low- or no-cost immunizations through local health departments using vaccine provided by the Vaccines for Children (VFC) Program. For information on the Utah VFC Program, call (801) 538-9450.

5. What is the school/early childhood program immunization record review process at enrollment?

Each school/early childhood program:

a. Must request an immunization record for each student at the time the student enrolls in the school/early childhood program.

b. Within five business days after the day a student enrolls in a school/early childhood program, an individual designated by the school principal or administrator must review each student's immunization record to determine whether the record complies with the required immunizations. The record must show the student:

   1. Has received each vaccination required by the Utah Department of Health and Human Services under Section 53G-9-305;

   2. Has immunity documents for each student claiming previous infection with measles, mumps, rubella (MMR), varicella, or hepatitis A disease. The immunity documents must include the results of serologic testing for immunity, titer testing, and a written statement signed by a healthcare provider confirming that, based on positive laboratory test results, the student does not need to receive the MMR, varicella, or hepatitis A vaccines. Immunity through serologic testing is only acceptable and allowed for those students who were previously infected with measles, mumps, rubella, varicella, or hepatitis A;

3. Is exempt from receiving the required vaccination under Section 53G-9-303;
4. Qualifies for conditional enrollment under Section 53G-9-308; or
5. Complies with the immunization requirements for military children under Section 53E-3-905.

c. Identify any deficiencies in the student's/child's immunization record.

d. Place the student/child lacking immunization records or having deficiencies in their immunization records on conditional enrollment. Within five days after the day the school/early childhood program places the student on conditional enrollment, provide notice to the child's legally responsible individual delivered in person, written notice by mail, written notice by email or other electronic means, or by phone including voicemail, that the school has placed the student on conditional enrollment for failure to comply with the requirements of Subsection 53G-9-302(1). The notice should describe the identified deficiencies in the student's immunization record or states that the school has not received an immunization record for the student. Additionally, the notice should inform the legally responsible individual that the student will not be allowed to attend school unless the legally responsible individual cures the deficiencies or provides an immunization record that complies with Subsection 53G-9-302(1) within the conditional enrollment period. The notice should also describe the process for obtaining a required vaccination.

6. What is Conditional Enrollment, and what is the Conditional Enrollment Process?

Conditional enrollment allows a student or child without a complete immunization record to attend school or early childhood program while their record is being reviewed or updated. This status is limited to:

1. The period during which the school or early childhood program is reviewing the student's or child's immunization record.
2. Up to 30 calendar days after the school or early childhood program provides a formal notice regarding the student's or child's conditional enrollment.

Steps for Placing a student or a Child on Conditional Enrollment.

1. Provide Notice of Conditional Enrollment

- Within five days of placing a child on conditional enrollment, the school or early childhood program must notify the student's or child's legally responsible individual (e.g., parent or guardian). The notice must include:
- Confirmation that the student or child is placed on conditional enrollment for failing to meet immunization requirements.
- A detailed list of the missing immunizations or confirmation that no immunization records have been received.
- A warning that the student or child may be excluded from school or early childhood program unless the deficiencies are corrected within the conditional enrolment period.
- Instructions for obtaining the necessary vaccinations or documentation.

2. Delivery of Notice

The notice must be provided:

- In the enroller's preferred language, when possible.
- Using one of the following agreed-upon methods:

a. In-person delivery
b. By mail
c. By email or other electronic communication
d. By phone, including voicemail

Ending Conditional Enrollment

3. Removing Conditional Enrollment Status

The school or early childhood program must remove the student's or child's conditional enrollment status once the required immunization records or valid exemptions have been submitted

4. Consequences of Non-Compliance

If a student or child does not provide the necessary immunization documentation or exemption forms by the end of the conditional enrollment period, the school or early childhood program must prohibit the student from attending until the requirements are met.

7. Can Schools or Early Childhood Programs Extend the Conditional Enrollment Period?

Yes. At the end of the conditional enrollment period, a school principal or administrator may grant an extension if:

1. The extension is medically necessary to complete all required vaccination doses.
2. The school principal or administrator and a school nurse, health official, or a health official designee, including:
   a. a social service provider, or
   b. a culturally competent and trauma-informed community representative agree that an additional extension is likely to help the student to comply with immunization record requirements during the additional extension period.

8. What is the process for claiming an exemption from the required vaccines?

Students/children claiming an exemption from the required vaccinations must have their legally responsible individual complete an on-line educational module (free of charge), or in-person consultation (fee of up to $25) at a local health department, AND provide a copy of the completed form to the school/early childhood program official. Completion of the online education module or in-person consultation at a local health department must be completed for all types of exemptions.

- Utah allows for three types of exemptions: medical, personal, or religious.
- The legally responsible individual who claims the exemption for the student/child must complete the online education module, free of charge, at immunize.utah.gov AND present a copy of the vaccination exemption form to the school/early childhood program.
- If the legally responsible individual who claims the exemption for the student/child declines to take the online education module, he/she can obtain a vaccination exemption form from a local health department and receive an in-person consultation. There is a fee of up to $25 to cover the costs of providing an in-person consultation.

- For a medical exemption from required immunizations, the student's/child's legally responsible individual must provide to the student's/child's school/early childhood program a completed Utah vaccination exemption form and a written statement signed by a licensed healthcare provider stating that, due to the physical condition of the student/child, administration of the required vaccine would endanger the student's/child's life or health.
- For personal/religious exemption from the required vaccinations, the student's/child's legally responsible individual must provide to the student's/child's school/early childhood program a completed Utah vaccination exemption form, stating that the student/child is exempt from vaccination because of a personal or religious belief.
- A copy of the Utah vaccination exemption form must be attached to the Utah School Immunization Record (USIR) and kept in the student's cumulative folder. If a medical exemption is claimed, a written statement from a licensed healthcare provider must also be claimed and attached to the USIR.

9. When is an exemption form update required?

- A student will need to submit a new exemption form or updated immunization documentation if:
- Their existing exemption form does not exempt them from all required vaccines for K-6 enrollment or grades 7-12 enrollment, and
- They lack documentation of immunization or history of disease for hepatitis A, varicella, or MMR (if applicable).

In these cases, schools must request:

- Proof of immunization or history of disease for hepatitis A, varicella, or MMR (if applicable), or
- A new exemption form covering all required vaccines

10. When is an exemption form update not required?

- If a parent or guardian has submitted an exemption form at the preschool or daycare level that covers all vaccines required for kindergarten through sixth grade or 7th through 12th grade, they do not need to submit a new exemption form when the child enrolls in those grades. The existing form is considered valid.
- A student does not need to renew their exemption form for 7th grade through 12th grade if:
    - Their existing exemption form covers all vaccines required for grades 7-12, or
    - Their existing exemption form exempts them from the vaccines they choose to be exempted from, and
    - They have documentation of vaccination for the vaccines they are not exempted from, and/or
    - They have a history of disease documentation for hepatitis A, varicella, or MMR (if applicable).

11. Some parents or schools have the signed outdated Utah School Immunization Record card for a history of chickenpox disease for their students. Since the Utah School Immunization Record card was signed by these parents prior to July 1, 2018, can school/childcare facilities accept them as proof of immunity now that the Rule has changed?

Yes. Schools or childcare facilities can accept the old, signed Utah School Immunization Record cards as proof of immunity for chickenpox disease only.

12. What if a student or child has previously been diagnosed by a physician with a vaccine preventable disease?

If a student or child has immunity due to a previous infection with measles, mumps, rubella (MMR), chickenpox, or hepatitis A, documentation from a healthcare provider must be provided to the school or early childhood program. This documentation must include positive serological (titer) test results and a signed statement from the provider confirming that, based on the positive laboratory test results, the student does not need the MMR, varicella, or hepatitis A vaccine.

Note: Immunity through serologic testing is only acceptable and allowed for those previously infected with measles, mumps, rubella, varicella, or hepatitis A. Schools or early childhood programs must attach the immunity document from the healthcare provider to the Utah School Immunization Record.

13. Are schools or early childhood programs required to maintain a current list of all students' immunization status?

Yes. Each school or early childhood program must maintain a current list of all enrolled students, including:

- A list of students the school has received a valid and complete immunization record for;
- A list of students who are exempt from receiving a required vaccine;
- A list of students who are allowed to attend school/early childhood programs under conditional enrollment status under Section 53G-9-308; and
- A list that specifically identifies each disease against which a student is not immunized.

Upon the request of an official from a local health department in the event of a disease outbreak, a school principal or administrator must:

a. notify the legally responsible of any student who is not immune to the outbreak disease, providing information regarding steps the legally responsible individual may take to protect students;

b. identify each student who is not immune to the outbreak disease; and

c. for a period determined by the local health department not to exceed the duration of the disease outbreak, do one of the following at the discretion of the school principal or administrator after obtaining approval from the local health department:

   i. provide a separate educational environment for non-immune students, that ensures the protection of the non-immune students as well as the protection of the remainder of the student body; or

   ii. prevent each student who is not immune to the outbreak disease from attending school. A name appearing on the list of all the enrolled students is subject to confidentiality requirements described in Section 26B-1-212 and Section 53E-9-202.

14. What is the definition of a legally responsible individual?

A legally responsible individual is defined as the parent or parents, a legal guardian, or an adult sibling of a student or child who does not have a legal guardian.

EXEMPTIONS

1. Are there any allowable exemptions?

Yes. The Utah Immunization Rule for Students allows exemptions to be claimed for medical, religious, or personal reasons. These exemptions are permitted for enrollment in early childhood programs, as well as public, private, charter, and parochial schools for kindergarten through twelfth grade.

2. Are exempted children to be excluded from school in the event of an outbreak?

Yes. In the event of an outbreak, schools should identify each student who is not immune to the disease-this includes students who are conditionally enrolled, extended conditionally enrolled, out of compliance, or those who have claimed an exemption and have not received the relevant immunization. These students should be encouraged to complete their immunizations. School should either exclude them from attendance or provide a separate educational environment to protect both the exempted students and the rest of the student body.

3. What should schools do when a student's exemption form states exemption from all vaccines, but the student has since received some and is only exempt from certain vaccine?

For vaccine-preventable outbreak investigations and for accurate reporting and auditing purposes, it is best for parents to update the exemption form to reflect the student's current immunization or exemption status.

IMMUNIZATION RECORD REVIEW AND REPORTING

1. Can a school or early childhood program maintain immunization records in a computer database ONLY?

No. According to the Utah Immunization Rule for Students (R396-100-4), the Utah School Immunization Record (USIR) is the official immunization record for all students enrolled in any early childhood program, or in public, private, charter, or parochial schools. The USIR should be used to verify a student's immunization status.

The Utah Statewide Immunization Information System (USIIS) allows schools and other facilities access immunization records statewide and to track and record immunizations. A school or early childhood program may enroll in USIIS and print out the USIR for its students.

Unless a school or early childhood program is enrolled in and actively using USIIS, the USIR must be completed manually and placed in the student's cumulative file. If a school has its own database, it may be used to track follow-up and generate reports—provided it is done accurately. However, a USIR must still be included in each student's cumulative file as a backup. A database printout alone is not acceptable. For questions about USIIS or to enroll your school or program in USIIS, contact the Utah Immunization Program at (801) 538-9450.

2. Where can I get USIR form?

You can print the USIR cards from our program website at

https://immunize.utah.gov/wp-content/uploads/USIR-2022July_fillable.pdf

3. What about the USIR form filling requirements?

Schools must use the most current version of the USIR (06/2026) card for students entering kindergarten, 7th grade, and for students transferring from another state. If an existing student has an older version of the USIR and is required to receive a vaccine not listed on that version, the school must either transfer all immunization information to the most current USIR (06/2026) card or staple the updated USIR to the original.

Schools must also attach the following documentation to the current USIR form: an immunity verification statement, the Utah vaccination exemption form, or a previous USIR card that includes a parent signature verifying chickenpox disease history.

4. A child received vaccinations in another country. Can those records be accepted?

Yes, they can be accepted if the vaccines were administered according to the same dosing schedule used in the United States. However, many foreign countries follow a different schedule. The Utah immunization rule for students is based on the U.S. schedule.

5. Is a school-age student attending an early childhood program required to have an immunization record on file at that facility?

Yes. A current immunization record must be maintained for every school-age student attending an early childhood program, even if the student only attends before-or after-school hours.

6. Are schools required to maintain immunization records for preschool children?

Yes. Preschool children attending a public or private school must have a completed Utah School Immunization Record (USIR) on file, along with all supporting documentation for any exemptions or history of disease, if applicable.

7. A parent insists that their child has been vaccinated but cannot provide written documentation. Can the child be admitted to a school or an early childhood program?

Yes, the child may be conditionally enrolled, and the facility is responsible to following the requirements for conditional enrollment.

8. A parent has a partial record and/or a statement signed by a physician stating, "all doses received," "complete," "up to date," "primary series complete," or other similar wording. Can this be accepted as proof of immunization?

No. Statements that do not include complete dates for all doses received are not acceptable for school or early childhood program attendance. The parent should contact their healthcare provider and request a new record that includes the names of all vaccines administered along with the dates they were given.

9. What is the four-day grace period?

The four-day grace period was implemented in the 2002 General Recommendations from the U.S. Advisory Committee on Immunization Practices. The four-day grace period should be used for auditing purposes only. It allows the record reviewer to give a four-day grace period if a dose of any vaccine was given too early. Four days is the limit. It should not be used to schedule subsequent doses of vaccines. It should be used with discretion and with the understanding it is for auditing purposes only. The four-day grace period should not be applied to the 28-day interval between live vaccines not administered at the same visit.

10. We occasionally encounter teenagers who received 4 doses of IPV before their fourth birthday. Should we recommend a 5th dose of IPV for these children?

Generally, no. ACIP revised its recommendation for IPV in June 2009 to include a dose at 4 through 6 years regardless of the number of doses prior to age 4 years. However, ACIP did not recommend retroactive application of the new minimum age rule for the fourth dose. For children receiving their fourth dose prior to August 7, 2009, four doses separated by at least 4 weeks is sufficient, unless the teenager is traveling to a polio-endemic area (Reference: http://www.immunize.org/askexperts/experts_pol.asp).

11. Should special education students be included in all annual immunization reports?

Students in special education programs should follow requirements for the grade they are in. If they are not assigned to a specific grade, they should follow the requirements for students of a similar age.

Students over 18 years of age who are still enrolled in a special education program and have not completed high school should also follow the requirements for students of a similar age and be included in the annual immunization reports.

However, Schools post-high school students enrolled in special programs should not be included in these reports.

12. The immunization record shows that some vaccines were given at intervals longer than those recommended. Do these vaccines need to be repeated?

No. All doses given at intervals longer than recommended are valid doses. A longer interval does not affect the effectiveness of a vaccine.

13. How does Utah determine the required immunization schedule?

Utah's Immunization Rule for Students is based upon the "Recommended Childhood Immunization Schedule" published by the Centers for Disease Control and Prevention (CDC). This schedule is developed from the recommendations of the National Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sectors, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To establish Utah's requirements, the Utah Scientific Vaccine Advisory Committee evaluates the ACIP recommendations and determines if the recommendations align with Utah's unique needs and makes recommendations to the Utah Department of Health and Human Services as to which vaccines should be required for school entry.

14. Why must vaccines be repeated if received before the minimum age or interval?

Children who receive vaccines before the minimum age or interval may not develop an adequate antibody response to the immunization. Therefore, even though a child physically receives the shot, it may have been ineffective in protecting them against disease. By consistently adhering to the minimum age and interval requirements for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart on page 40.

15. If a dose of DTaP or Tdap is inadvertently given to a child/student for whom the product is not indicated (e.g., wrong age group), how do we rectify the situation?

- Tdap given to a child younger than age seven years as either dose 1, 2, or 3, is NOT valid. Repeat with DTaP as soon as feasible.
- Tdap given to a child younger than age seven years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.
- **DTaP inadvertently administered at or after 7 years:**

- Children age 7–9 years: DTaP may count as part of catch-up series. Routine Tdap dose at age 11-12 years should be administered.
- Children age 10-18 years: Count dose of DTaP as the adolescent Tdap booster.

- **Tdap administered at 7-10 years of age:**
  - Children aged 7-9 years who receive Tdap should receive the routine Tdap dose at age 11-12 years.
  - Children aged 10 years who receive Tdap do not need to receive the routine Tdap dose at age 11-12 years.

*Fully vaccinated = 5 valid doses of DTaP or 4 valid doses of DTaP if dose 4 was administered at age 4 years or older.

16. We frequently see children (mostly from certain foreign countries) who have received 6 or more doses of polio vaccine, all administered before 4 years of age. How do we handle this when assessing the child's immunization history?

It is common practice in many developing countries to administer oral polio vaccine (OPV) to children during both routine visits and periodic vaccination campaigns, so a child's record may indicate more than 4 doses. Some of these doses may not be valid according to the U.S. immunization schedule. Doses are considered valid if written documentation indicates that doses of polio vaccine were given after 6 weeks of age and the vaccine received was listed as IPV or trivalent OPV (tOPV). A record simply indicating "OPV" also is acceptable if the OPV was administered before April 1, 2016, and it was not noted as being administered during a vaccination campaign. There are specific criteria for OPV documentation because only trivalent polio vaccine doses count as valid for the U.S. polio vaccination schedule. Trivalent OPV ceased to be used globally in April 2016. OPV administered before April 1, 2016, generally was tOPV. However, "OPV" doses recorded as given during a mass vaccination campaign before April 2016 do not count as valid because such campaigns may have used monovalent or bivalent OPV. If the history is of a complete series of IPV or tOPV in any combination, at least one dose should be administered on or after 4 years of age and at least 6 months after the previous dose. If a complete series cannot be identified that meets these criteria, then the child should receive as many doses of IPV as needed to complete the U.S. recommended schedule.

Reference: updated on July 23, 2023 (https://www.immunize.org/askexperts/experts_pol.asp).



COMPLIANCE ISSUES

1. What criteria are used to determine whether a student is in compliance with Utah's immunization requirements?

To determine if a student meets the requirements of the Utah Immunization Rule for Students, the following must be considered:

a. the student's age;

b. whether the student is in a school or early childhood program (requirements may differ depending on which facility the student is attending; i.e., Hib is not required for entry into kindergarten).

c. whether the student's immunization history indicates:

   i. Verification by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist.

   ii. The month, day, and year each vaccine was administered.

iii. Sufficient spacing intervals between doses.

d. Whether the student has claimed an exemption and submitted a copy to the school or early childhood program.

e. Whether the child has immunity from measles, mumps, rubella (MMR), chickenpox, or hepatitis A diseases and submitted the appropriate documentation. It is difficult to describe all possible situations that a school or early childhood program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions that cannot be answered by this guidebook, please call the Utah Immunization Program for consultation.

2. Who is responsible for proper immunization compliance?

- **Legally Responsible Individual of the student/child:**
  - Is responsible for obtaining all age-appropriate immunizations for their children and providing valid immunization records to the school or early childhood program.
- **Principal/Early Childhood Program Official:**
  a. has the ultimate responsibility to ensure that students attending school or early childhood programs are in compliance with Utah's immunization requirements. This includes ensuring valid immunization records are complete and on file as well as determining whether a student has complied with the follow-up for additional information (records or doses).
  b. Should exclude students who are out of compliance after notifying the parent or guardian that the student is out of compliance and will be excluded from school.
  c. Is responsible for ensuring that annual immunization reports are submitted to the Utah Department of Health and Human Services.

3. Can a school scan the Utah School Immunization Record (USIR), exemption form, and immunity documents if the school only uses an electronic student cumulative folder or permanent record file?

Yes, maintaining an electronic/ scanned copy of the USIR, student exemption form, and immunity documents for each student claiming previous infection with measles, mumps, rubella (MMR), varicella, or hepatitis A disease as part of the student's permanent cumulative record complies with the Utah Statutory Code. This eliminates the need for a hard copy record since everything is electronically. When a district or school uses electronic student cumulative folders, the following criteria must be met:

1. **Accuracy Check**: School personnel must ensure that all fields on the USIR, exemption form, and immunity document and healthcare provider documentation for the history of disease are completed accurately before scanning into the file. The USIR must be up-to-date with the most current immunization information, including any required documents and signatures.

2. **Accessibility**: The electronic copy of the USIR, student exemption form, and healthcare provider documentation must be available to the Utah Department of Health and Human Services, or local health departments as required for audits and to verify immunization records, exemptions, or history of disease documentation.

3. **Outbreak Protocol**: Schools must follow an outbreak protocol for excluding all non-immunized or exempt students.

Note: A history of disease is only accepted for previous infections with measles, mumps, rubella (MMR), varicella, or hepatitis A. The immunity documents must include serologic testing results for immunity, titer testing, and a written statement signed by a healthcare provider confirming that, based on positive laboratory test results, the student does not need to receive the MMR, varicella, or hepatitis A vaccines.

If a student transfers to a new school, the school or early childhood program the child transfers from must either transfer the USIR, any immunity documents, and any exemption form upon the request of the student's legally responsible individual or when the school transfers any of the student's records to the new school.

RESOURCES

1. Where can I find more information about immunizations?

For more information about immunizations, contact the Utah Immunization Program or visit our website at immunize.utah.gov. This guidebook is available on the website. Please visit the site periodically to stay updated on the latest immunization information.

Utah Immunization Program

- Phone: (801) 538-9450
- Fax: (801) 538-9440
- Immunization Hotline: 1-800-275-0659 2.

2. What other sources of information are available on the internet?

There are many sources for great information on the internet. See the following list for some examples.

- **American Academy of Pediatrics (AAP)**: Policy statements, student and community information, "Red Book" order information. www.aap.org
- **Bill & Melinda Gates Children's Vaccine Program**: A non-profit organization which focuses on children in developing countries. Information is also applicable in the United States. www.gatesfoundation.org
- **Centers for Disease Control and Prevention (CDC)**: Several websites and phone numbers with timely and accurate information for students, parents, the community, and school nurses. CDC Home Page: www.cdc.gov
- **International Travel**: online health information and recommended immunizations by geographic areas; the latest news on international disease outbreaks. The most recent "Health Information for International Travel" (CDC Yellow Book) is available at: www.cdc.gov/travel.
- **Hepatitis Branch**: www.cdc.gov/hepatitis
- **Spanish Language**: www.cdc.gov/spanish
- **Morbidity and Mortality Weekly Report (MMWR)**: www.cdc.gov/mmwr
- **Children's Hospital of Philadelphia (CHOP)**: Vaccine Education Center; great resources for families and professionals www.chop.edu/vaccine-education-center
- **Immunize.org** is a premier non-profit web-based resource for practical, user-friendly immunization information: www.immunize.org
- **The National Network of Immunization Coalitions is a project of Immunize.org**: https://www.immunizationcoalitions.org/ Vaccine Information Statements (VIS) – English and many other languages www.immunize.org/vis

- **National Alliance for Hispanic Health**: Immunizations for All Ages Programs; a great Hispanic immunization resource for schedules, news briefs, videos, and webinars.
    - Website: www.hispanichealth.org or call 202-387-5000.
- **The Food and Drug Administration (FDA)**: Vaccine Adverse Events Reporting System (VAERS) This site explains this safety system and provides vaccine information.
    - Website: www.vaers.hhs.gov
    - FDA Information: 1-888-FDA-INFO (1-888-463-6332)
- **Toll Free Numbers**
    - CDC Immunization Information:1-800-CDC-INFO (1-800-232-4636)
    - FDA Information: 1-888-FDA-INFO (1-888-463-6332)

APPENDIX C – COMMUNICATION WITH PARENTS

The following pages are sample letters that may be used to notify parents of immunization requirements. These letters may be modified by adding local letterhead, clinic hours, phone numbers, etc.

1. **Early Childhood Program Immunization Requirements**
2. **English "Exclusion Notice" for Inadequate Immunizations**
3. **Spanish "Exclusion Notice" for Inadequate Immunizations**
4. **English "30-Day Conditional Enrollment Notice"**
5. **Spanish "30-Day Conditional Enrollment Notice"**

Early Childhood Program Immunization Requirements

Date [Insert Date]

Dear Parent/Guardian:

Utah law requires that children attending this Early Childhood Program or facility be appropriately immunized for their age against the following vaccine-preventable diseases:

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Hepatitis A
- Hepatitis B
- Measles
- Mumps
- Rubella
- Haemophilus influenzae type b (Hib)
- Pneumococcal
- Varicella

It is your responsibility to have your child immunized and to provide this facility with a medically verified, date- and dose-specific immunization record showing all required immunizations they have received. This is required for admission.

Factors regarding when your child receives vaccine doses include:

- Their current age
- When they began the immunization series
- Their grade level
- Whether they attend school

For specific information on which immunizations your child should receive, please consult your child's healthcare provider.

Sincerely,

Exclusion Notice for Inadequate Immunizations

(DATE)

Dear Parent/Guardian:

A recent review of immunization records shows that your child, (NAME), is currently not in compliance with Utah's School Immunization Law for Students (53G-9-302). Therefore, under Utah Statutory Code 53G-9308, your child will be excluded from attending school/early childhood program on mm/dd/yyyy. We regret that we have taken this action, but state law requires that children must be appropriately immunized to attend a Utah school or early childhood program. Our facility supports this policy. Please obtain complete dates for the indicated immunizations and provide a record to us. If your child is not immunized due to medical, religious, or personal reasons, you are required to provide us the appropriate Utah exemption form. If your child has immunity against the disease for which the vaccination is required because your child previously contracted the disease, you need to provide us a document from a healthcare provider verifying that. Your child can not attend school until we have this information.

THE BOXES MARKED BELOW INDICATE DOSES NEEDED FOR YOUR CHILD'S RECORDS

Vaccine	**Dose in Question (circle dose number)**	**Reason (see codes below)**
DTaP/DT/Td*	1 2 3 4 5	
Tdap Booster*	1	
Polio	1 2 3 4	
MMR (Measles, Mumps, Rubella)	1 2	
Hepatitis B	1 2 3	
Haemophilus influenzae type b (Hib)	1 2 3 4	
Varicella (chickenpox)	1 2	
Hepatitis A	1 2	
Pneumococcal (PCV)	1 2 3 4 5	
Meningococcal	1	

- **A.** Dates or doses are missing or incomplete.
- **B.** Previous dose(s) was/were given too close together.
- **C.** Previous dose(s) was/were given at too young an age.

*D = Diphtheria
*T = Tetanus
*P = Pertussis

If you have questions or need additional information, please call (TELEPHONE NUMBER).

Sincerely,

Name
Title

Notificación de Exclusión por Inmunizaciones Inadecuadas

(DATE)

Estimados Padres/Guardianes:

Una revisión reciente de los registros de vacunación muestra que su hijo, (NAME), actualmente no cumple con la Ley de Inmunización Escolar para Estudiantes del estado de Utah (53G-9-302). Por lo tanto, bajo el Código Estatutario de Utah 53G-9-308, su hijo no podrá seguir asistiendo a la escuela a partir de (mm/dd/yyyy). Lamentamos tener que haber tomado esta medida, pero la Ley Estatal exige que los niños y niñas tengan las vacunas adecuadas para poder asistir a una escuela o un programa para la primera infancia en el estado de Utah. Nuestra institución apoya esta política. Por favor obtenga las fechas completas para las vacunas indicadas y provéanos con un registro. Si su hijo/a no está vacunado por razones médicas, religiosas o personales, tiene que proveernos del formulario de exención correspondiente. Si su hijo/a tiene inmunidad contra la enfermedad para la cual se requiere la vacuna debido a que su hijo/a contrajo previamente dicha enfermedad, tiene que proveernos un documento de un proveedor de atención médica que así lo verifique. Su hijo/a no puede asistir a la escuela hasta que tengamos esta información.

LAS CAJETILLAS MARCADAS ABAJO INDICAN LAS DOSIS QUE SE REQUIEREN PARA EL REGISTRO DE SU NIÑO/A.

Vacuna	**Dosis faltante (haga un círculo alrededor del número de la dosis faltante)**	**Razón (vea códigos en columna derecha)**
DTaP/DT/Td*	1 2 3 4 5	
Tdap (Refuerzo)*	1	
Polio	1 2 3 4	
MMR (Sarampión, Paperas, Rubeola)	1 2	
Hepatitis B	1 2 3	
Haemophilus influenzae Tipo b (Hib)	1 2 3 4	
Varicela	1 2	
Hepatitis A	1 2	
Pneumocócica (PCV)	1 2 3 4 5	
Meningocócica	1	

- **A.** Las fechas y dosis faltan o están incompletas.
- **B.** Las dosis previas fueron hechas con muy poco tiempo de por medio.
- **C.** Las dosis previas fueron hechas a una edad demasiado temprana.

*D = Difteria
*T = Tétano
*P = Pertussis

Si tiene preguntas o requiere información adicional, sírvase llamar (TELEPHONE NUMBER).

Sinceramente,

Name
Title

30-Day Conditional Enrollment Notice

Date:

To the legally responsible individual of _____,

The purpose of this letter is to inform you that in review of your student/child's immunization record, we have noticed that we did not receive all or some of the required immunization records for school/childcare entry. This information is required by the Utah Statutory Code 53G-9-302. Therefore, we have placed your student/child on a conditional enrollment status in accordance with Utah Statutory Code 53G 9-308. This means that you have 30 calendar days to provide proof of immunizations, an exemption form, or proof of immunity from diseases for which vaccines are required to the school/childcare facility your student/child attends. Please provide this information to us by _____. Your student/child is allowed to attend school/childcare during the **30-day** calendar day conditional enrollment period.

Your child is missing the following immunization(s):

- ☐ DTaP (Diphtheria, Tetanus, and Pertussis)
- ☐ Tdap
- ☐ Polio
- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Haemophilus influenzae type b (Hib)
- ☐ Varicella (chickenpox)
- ☐ Pneumococcal
- ☐ Meningococcal
- ☐ No immunization record

Possible places to take your child to receive the missing required immunization(s) include: his/her healthcare provider, your local health department immunization clinic, or your local pharmacy.

If you want to obtain a vaccination exemption form, you must either complete the on-line Utah exemption module at **immunize.utah.gov** and print the vaccination exemption form after completion or visit your local health department to obtain an exemption form for your child. You may have to pay a fee if you choose to complete the exemption form in person at a local health department. A copy of the exemption form must be presented to the school/childcare facility. For a medical exemption from vaccination, you must present to the school/childcare facility a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health.

If your child has immunity against the disease for which the vaccination is required because your child previously contracted the disease, you need to provide the school/childcare facility a document from a healthcare provider verifying that.

If we don't receive the above information from you by the date indicated previously, we will be forced to exclude your child from attendance in school/childcare facility under the Utah Statutory Code 53G-9-308. If you have any questions or concerns, please contact us at (telephone number).

Sincerely,

Name

Title (Principal/director/Nurse/secretary designated by the school or childcare Principal/director)

Aviso de Matriculación Condicional de 30 Días

Fecha:

Para el individuo legalmente responsable de _____,

El propósito de esta carta es para informarle que al revisar el registro de inmunizaciones de su estudiante/niño hemos notado que no recibimos algunos o todos los registros de inmunización requeridos para que su estudiante/niño pueda ingresar a la escuela/guardería. Esta información es requerida por el Código Estatutario del estado de Utah 53G-9-302. Por lo tanto, hemos colocado a su estudiante/niño en un estado de matriculación condicional de acuerdo con el Código Estatutario 53G-9-308 del estado de Utah. Esto significa que tiene 30 días calendarios para presentar prueba de inmunización, un formulario de exención o prueba de inmunidad contra las enfermedades que son requeridas para que su hijo/a pueda asistir a la escuela/guardería. Por favor proporcione esta información no más tardar del _____. Su estudiante/niño puede asistir a la escuela/guardería durante el período de **30 días** calendarios de matriculación.

A su hijo le faltan las siguientes inmunizaciones:

- ☐ DTaP (Difteria, Tétanos y Pertusis)
- ☐ Tdap
- ☐ Polio
- ☐ MMR (Sarampión, Paperas, Rubéola)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Haemophilus influenzae tipo b (Hib)
- ☐ Varicela
- ☐ Pneumococcal
- ☐ Meningococcal
- ☐ No tiene registro de inmunizaciones

Lugares a donde puede llevar a su hijo para que reciba las inmunizaciones requeridas faltantes: su proveedor de atención médica, su clínica de inmunización del departamento de salud local o su farmacia local.

Si desea obtener un formulario de exención de vacunación, debe completar el módulo de exención en la página web **immunize.utah.gov** e imprimir el formulario de exención de vacunación después de completarlo el módulo, o visitar su departamento de salud local para obtener un formulario de exención para tu niño. Es posible que tenga que pagar una tarifa si elige completar el formulario de exención en persona en un departamento de salud local. Deberá presentar una copia del formulario de exención a la escuela/guardería. Para una exención médica de vacunación, deberá presentar a la escuela un formulario de exención de vacunación completado y una notificación firmada por un proveedor de servicios de salud con licencia que indique que, debido a la condición física del estudiante, la administración de la vacuna puede representar un riesgo para la vida o salud del estudiante.

Si su hijo tiene inmunidad contra la enfermedad para la cual se requiere la vacuna debido a que su hijo contrajo previamente la enfermedad, debe proporcionar a la escuela/guardería un documento emitido por su proveedor de atención médica que así lo certifique.

Si no recibimos la información solicitada en la fecha indicada anteriormente, nos veremos obligados a excluir a su hijo de asistir a la escuela o guardería de acuerdo con el Código Estatutario del estado de Utah 53G-9-308. Si tiene alguna pregunta o inquietud, contáctenos al (número de teléfono).

Sinceramente,

Nombre

Cargo (director/enfermera/secretaria designada por el director de la escuela o guardería)

APPENDIX D – COMMON VACCINE NAMES



The following table is provided as a reference for school and early childhood program personnel, as well as healthcare professionals who evaluate immunization records. To lessen any confusion, providers documenting current vaccines should use generic names (i.e., DTaP, MMR, Hepatitis B) instead of brand names.

Not every vaccine in this table is required for entry into a Utah school or early childhood program. To verify whether a vaccine is required, see pages 37-39 for the summary of requirements.

Some vaccines listed are not currently in use but were used in the past. These vaccines are included to assist in evaluating immunization records for compliance.

This list does not include vaccine brands available in other countries. For a complete list of U.S. and Foreign Vaccines, refer to the “Epidemiology and Prevention of Vaccine-Preventable Diseases” (Pink Book).

APPENDIX D – COMMON VACCINE NAMES

Vaccine/Combination Vaccine (by Generic Name or Trade Name)	**Vaccine Components and Abbreviations**
ACEL-IMUNE®	Diphtheria/Tetanus/acellular Pertussis (DTaP)
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus/Diphtheria/acellular Pertussis (Tdap)
BOOSTRIX®	Tetanus/Diphtheria/acellular Pertussis (Tdap)
COMVAX®	Hepatitis B/Haemophilus influenzae type b (HepB-Hib)
DT	Diphtheria/Tetanus (DT)
DTaP	Diphtheria/Tetanus/acellular Pertussis (DTaP)
DTP	Diphtheria/Tetanus/whole cell Pertussis (DTP)
DAPTACEL®	Diphtheria/Tetanus/acellular Pertussis (DTaP)
Energix-B®	Hepatitis B (HepB)
GARDASIL®	Human Papillomavirus (HPV)
HAVRIX®	Hepatitis A (HepA)
HibTITER®	Haemophilus influenzae type b (Hib)
HPV	Human Papillomavirus (HPV)
INFANRIX®	Diphtheria/Tetanus/acellular Pertussis (DTaP)
IPV/IPOL®	Inactivated Polio Vaccine (IPV)
KINRIX®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio Vaccine (DTaP/IPV)
Menactra®	Meningococcal Conjugate Vaccine (MCV4 or MenACWY)
Menomune®	Meningococcal Polysaccharide Vaccine (MPSV4)
MR	Measles/Rubella (MR)
MMR	Measles/Mumps/Rubella (MMR)
M-M-R II®	Measles/Mumps/Rubella (MMR)
OPV/ORIMUNE®	Oral Polio Vaccine (OPV)
PEDIARIX™	Diphtheria/Tetanus/acellular Pertussis, Hepatitis B, Inactivated Polio Vaccine (DTaP-HepB-IPV)
PedvaxHIB®	Haemophilus influenza type b (Hib)

Pentacel®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio, Haemophilus influenzae type b (DTaP-IPV-Hib)
PENBRAYA™ or PENMENVY® (or MenABCWY)	Meningococcal Groups A, B, C, W, and Y Vaccine (MenABCWY)
Pneumovax®	Pneumococcal Polysaccharide Vaccine (PPSV23)
Prevnar®	Pneumococcal Conjugate Vaccine (PCV7, PCV13, PCV15, PCV20)
ProQuad®	Measles, Mumps, Rubella, Varicella (MMRV)
RECOMBIVAX HB®	Hepatitis B (Hep B)
RotaTeq®	Rotavirus Vaccine (RV5)
ROTARIX®	Rotavirus Vaccine (RV1)
Td	Tetanus, Diphtheria
TETRAMUNE®	Diphtheria/Tetanus/whole cell Pertussis/Haemophilus influenzae type b (DTaP-Hib)
TriHIBIT®	Diphtheria/Tetanus/whole cell Pertussis/Haemophilus influenzae type b (DTP/Hib)
Tripedia®	Diphtheria/Tetanus/acellular Pertussis/Haemophilus influenzae type b (DTaP-Hib)
TWINRIX®	Hepatitis A/Hepatitis B (Hep B-Hep A)
VAQTA®	Hepatitis A (Hep A)
VARIVAX®	Varicella (Chickenpox)
Vaxelis®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio, Haemophilus influenza type b, Hepatitis B (DTaP-IPV-Hib-HebB)

APPENDIX E – SAMPLE UTAH IMMUNIZATION PROGRAM FORMS

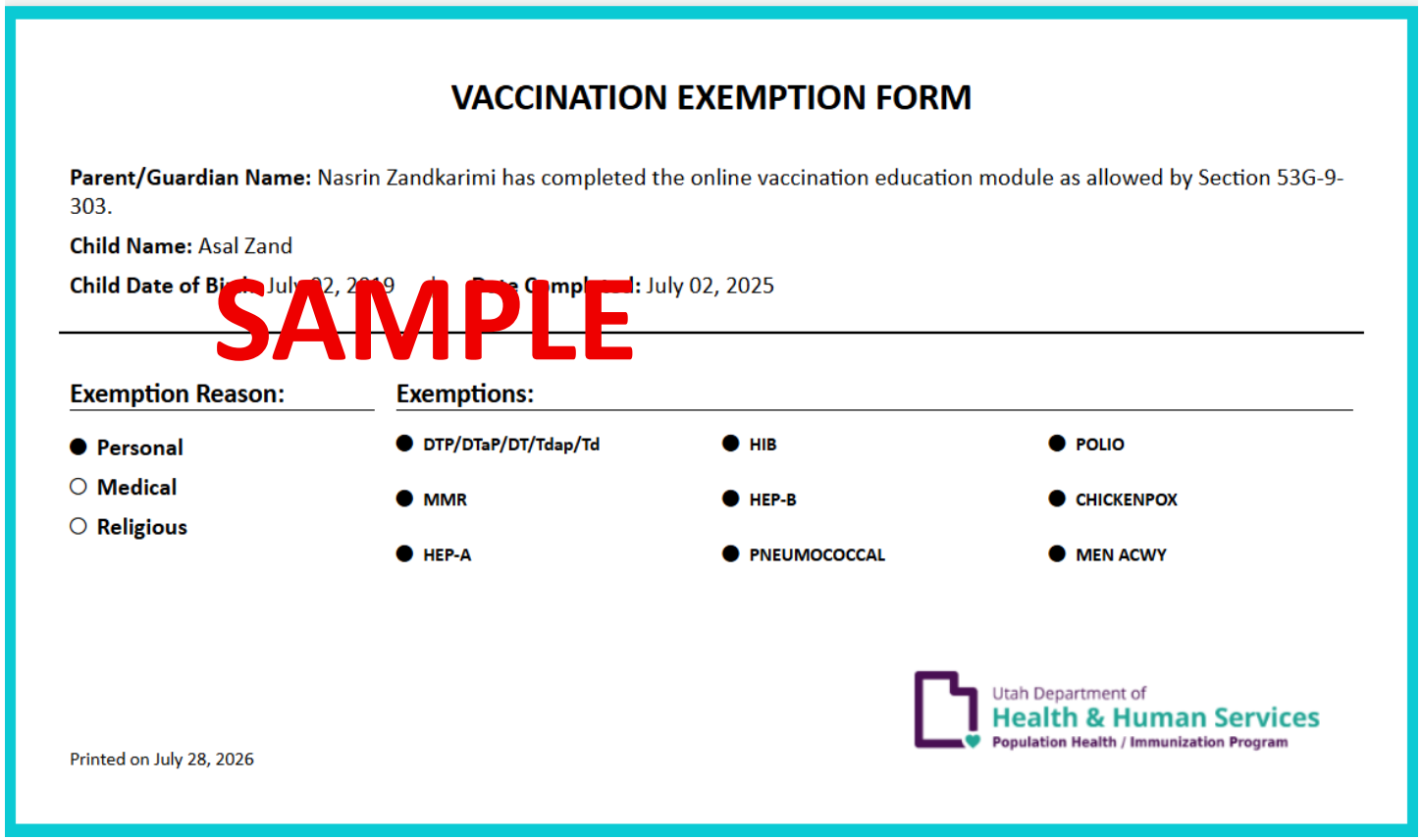
SAMPLE FORMS

The following pages contain sample forms provided by the Utah Immunization Program:

1. Sample Exemption Form

2. Sample Utah School Immunization Record (USIR) card

VACCINATION EXEMPTION FORM (SAMPLE)



VACCINATION EXEMPTION FORM

Parent/Guardian Name: Nasrin Zandkarimi has completed the online vaccination education module as allowed by Section 53G-9-303.

Child Name: Asal Zand

Child Date of Bi July 02, 2019 **Date Compl d:** July 02, 2025

SAMPLE

Exemption Reason:

- ● Personal
- ○ Medical
- ○ Religious

Exemptions:

- ● DTP/DTaP/DT/Tdap/Td
- ● HIB
- ● POLIO
- ● MMR
- ● HEP-B
- ● CHICKENPOX
- ● HEP-A
- ● PNEUMOCOCCAL
- ● MEN ACWY

Utah Department of Health & Human Services
Population Health / Immunization Program

Printed on July 28, 2026

Department of Health & Human Services

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** _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given. 1st	2nd	3rd	4th	5th/Last	Status	Due Date	Exemption
DTaP, DTP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)								
Tdap (Required for students in grades 7-12) Tdap or an inadvertent DTaP given on or after 10 years of age								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Measles, Mumps, and Rubella (MMR) 1st dose must be received on or after the 1st birthday								
Hepatitis B (HBV)								
Varicella (Chickenpox) 1st dose must be received on or after the 1st birthday.								
Hepatitis A (HAV) 1st dose must be received on or after the 1st birthday.								
Meningococcal Conjugate (ACWY) 1 valid dose required for grades 7 through 12								

Immunization record received for this student is from:

☐ A statewide registry
☐ Student's former school
☐ Legally responsible individual of the student

Authorized Signature: _____ Date: _____

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

Office of Communicable Diseases
Immunization Program
Immunize.utah.gov
(801)-538-9450

Rev. 06/2026

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for participating USIIS users

The following fields will be automatically fil in on the USIR when printed by a participating USIIS user:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), and USIIS ID. Note: The student ID will only print when printed by a school that is enrolled in USIIS and has the student linked to that specific school.
- **Vaccine Information:** Dates of valid doses of vaccines administered (1st, 2nd, 3rd 4th, 5th/last), Status, and Due Date.
- **Exemption:** If an exemption was completed online after October 2023, the exemption column will automatically populate with the type of exemption (religious, medical, or personal) for USIIS participants.

Completing the form

Verify that the information is correct, print the form, and fill in any necessary missing information by hand or type:

- **Immunization Record Received For This Student:** Mark "A statewide registry" if using records from USIIS or another state registry. Also mark "Student's former school" and/or "Legally responsibly individual of the student" if other records were used.
- **Status:** Fill in the status column with "Immunity" if a child has immunity against a disease requiring vaccination due to a previous infection (measles, mumps, rubella [MMR], varicella, or hepatitis A). An immunity document from a healthcare provider must be provided to the school and attached to the USIR. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the child does not need the MMR, varicella, or hepatitis A vaccines.
- **Vaccine Information:** Fill in the dates (month, day, and year) in the appropriate column (i.e. 1st, 2nd, 3rd, 4th, 5th/last) for each required vaccine the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, or pharmacist listed on the immunization record(s) received for that student.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature:** Must be signed and dated by school or health personnel who verified the USIR against the source record(s).

Instructions for non-participating USIIS users (or users who do not print USIR from USIIS)

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.

Note: 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 the USIR from USIIS.
Note on Due Date: The "Due Date" field is not required to be completed by non-participating facilities.

For further information, visit the Utah Immunization website at immunize.utah.gov or call 801-538-945.

Department *of* Health & Human Services

P.O. Box 142012 | 288 North 1460 West | Salt Lake City, UT 84414-2012

801-538-9450 | immunize.utah.gov

Rev 09/2026